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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A DISCOURSE ON THE LIFE AND CHARACTER OF DR. RICHARD OSWALD COWLING.*

BY DAVID W. YANDELL, M.D.

Ladies and Gentlemen, and Gentlemen Graduates:

I am here today in behalf of the Trustees and Medical Faculty of the University of Louisville to speak to you of the life and character of the late Dr. Richard Oswald Cowling, personally known to most of you, and known by fame to you all as a leader in surgery and a distinguished teacher in this institution.

Dr. Cowling was born April 8, 1839, near Georgetown, South Carolina.

His father, John Valadon Cowling, and his mother, Sarah James, were both of English extraction, the former of old English cavalier stock, the latter a descendant of an officer who distinguished himself at the battle of the Boyne, in the service of

*A Valedictory Address delivered to the graduating class of the University of Louisville, February 28, 1882.

King William. The Cowlings settled in Virginia in the sixteenth century, finding their way later to Georgia, where their names appear among the leading commercial men of the cities of Savannah and Augusta.

The Jameses left England in 1733 and settled in South Carolina. The son of the soldier who so gallantly served King William came, in the new world, to oppose King George, conceiving his demands to be unjust and his yoke oppressive. Maj. John James, the grandfather of Sarah James, we find accorded a biography in Ramsey's History of South Carolina, in which he is ranked among the heroes of the American Revolution. The historian records "that in the month of June, 1780, a British captain named Ardesoif arrived at Georgetown and published a proclamation inviting the people to come in and swear allegiance to King George and have protection. Many of the inhabitants of Georgetown submitted. But there remained a portion of that district, stretching from the Santee to the Pedee, containing the whole of the present Williamsburg and part of Marion County, to which the British arms had not penetrated. At this crisis there was a meeting of the people to deliberate on the situation. Major John James, who had heretofore commanded them in the field and represented them in the State Legislature, was selected as the person who should go down to Capt. Ardesoif and learn from him upon what terms they would be allowed to submit. Upon hearing the nature of this mission, Capt. A., surprised that such an embassy should be sent to him, answered that 'their submission must be unconditional.' On the Major suggesting that the people he represented would not submit to such terms, the Captain, irritated at his language, and particularly at the word 'represent,' replied, 'You d—d rebel, if you speak in such language I will immediately order you to be hanged up to the yardarm.' Major James, perceiving what turn matters were likely to take, and not brooking such harsh language, suddenly seized a chair, brandished it in the face of the Captain (other authorities say he felled him to the floor with it), made his way good through the back door of the house, mounted his horse,

and escaped to the country." This circumstance, which now appears so trivial, gave rise to Marion's Brigade.

When Major James related his adventures at a meeting of the inhabitants of Williamsburg it was unanimously determined they should again take up arms in defense of their country, and not against it. Major James was desired to command them. The organization being effected, a courier was dispatched to General Gates to send them a general officer, and he sent Gen. Francis Marion. In this brigade were Major James, his seven sons, and his brothers. Among the former was Wm. Dobein James, the grandfather of Dr. Cowling, who served with Marion throughout the war, and afterward wrote the most interesting and trustworthy life of his dashing commander. He subsequently became a judge in chancery and occupied an enviable position on the bench. In more recent times Richard Henry Stoddard has told in ballad many of the bold and daring deeds of Gavin James.

When the subject of this sketch was but two years old the family removed to Louisville, where in time Richard came to be the pupil of such teachers as Prof. Noble Butler and Rev. Dr. Chapman. His religious education he received at Christ Church from his beloved and revered pastor, the Rev. Dr. Craik.

In 1858 he entered Trinity College, Hartford, Conn., sophomore class, and bore away its highest honors three years later, being specially noted for his acquirements in the mathematics. Such indeed was his strength in this branch of his studies that while still a sophomore he instructed the more advanced classes. The professor of mathematics, himself of such repute as to be appointed a member of the Nautical Almanac office, which being located at Washington took him much away from his classes, early detected the power of the sophomore and made him an adjunct, to whom he intrusted the instruction of his pupils during his enforced absences at the National Capital.

After his graduation he made a short visit to Europe, traveling much on foot, and reached home in 1862, the war having swept away his remaining means.

He had not yet decided what should be his future calling. He naturally inclined to civil engineering; but while debating the subject he set about winning his bread by accepting an offer to prepare a student living near Louisville for college, which he successfully accomplished. While engaged as tutor a landed estate of several thousand acres, near the home of his pupil, was ordered by court to be divided. The work of survey and division was confided to young Cowling, who, though he had never been in the field, undertook the task. When the surveys were completed Cowling's estimates embraced forty more acres than the plot called for. On being asked by the trustee if he might not be mistaken, and answering "No," the trustee said, "This is very wonderful. In the original grant there was just the number of acres you find; but all subsequent surveys down to yours have made it twenty-five to forty acres less." Cowling's survey was accepted and the estate divided according to his estimate.

He now undertook the study of law and pursued it for a twelvemonth, but finding it less suited to his taste than he expected he relinquished its pursuit. He ascribed this turn in his mind partly to the circumstance that while convalescing from a severe illness a copy of Watson's *Practice of Physic* fell into his hands. Dr. Cowling is not the first person whose feet were turned in a like direction by the charms with which the unrivaled genius of the English baronet invested the study of disease. He often said when speaking of this period of his life that Watson's *Practice* came to him as a revelation. Before that it had not entered into his mind to conceive the beneficence, the splendors, the glories of the domain of medicine. He read and reread the volume. Many of its finer passages he committed to memory, and in his subsequent career as teacher and writer he quoted no author so frequently as he did Dr. Watson.

In 1864 he entered regularly upon the study of medicine in the office of the late Prof. Geo. W. Bayless, who then occupied the chair of surgery in the University of Louisville. He was a laborious student, who cleared up the ground as he went, master-

ing without difficulty the more intricate problems of the several subjects which went to make up the regular college curriculum, and finding time to read much in the collateral sciences.

"He was a great reader," said the learned Dr. Pynchon, president of Trinity College, "and his reading covered a wide range. He had a thirst for knowledge and read intelligently, and a higher class of books than those generally read by students."

His first course of lectures was taken at the University of Louisville. For his second he entered the Jefferson School, of Philadelphia, from which institution he was graduated. He was led to this step partly by some changes which had been made in the faculty of the University, not less than by his love and admiration of Prof. Gross.

On his return home from Philadelphia he offered himself as a candidate for practice.

The following autumn he was made demonstrator of anatomy in the University, and was also given the *ad eundem* degree of that institution. He loved the study of anatomy and applied himself to teaching it with his accustomed earnestness. He laid in the anatomical rooms the corner-stone of his future growth and development as a surgeon. He was beloved by the classes whom he taught.

A few years later, Prof. Bayless being admonished by failing health that he must slacken his labors, asked that Dr. Cowling be made adjunct to the chair of surgery. The faculty gladly assented, and the trustees unanimously elected him to the position. The adjunctship proved to carry with it almost the full labors of the professorship, for what was hoped at first to be but a temporary disability of Prof. Bayless was the beginning of the end, and before the opening of another session death had made vacant his chair. His pupil and associate, Dr. Cowling, delivered an address on his life and character, in which he fittingly said that in the removal of Dr. Bayless the University, the community, and science had sustained an irreparable loss.

Such had been the manner in which Dr. Cowling discharged

the onerous duties which had thus suddenly fallen to him, that the chair of surgery was recast, and he was appointed to teach surgical pathology and operative surgery. In 1879 the title of the chair was changed at his request to that of the "Science and Art of Surgery," and this position he held at the time of his death.

As a lecturer Dr. Cowling was fluent, earnest, forcible. His manner to students, as indeed to all men, was kindly, dignified, and gentle. His teachings were broad and comprehensive. He winnowed his subjects carefully, separating the grain from the chaff with the utmost conscientiousness.

His elevation to the professorship directed the attention of the public to his claims as a practitioner of surgery, and his business acquired a new impetus. Almost, however, from the very day he returned to Louisville and opened an office he was recognized as one of uncommon strength in his calling. "There was that about his bearing and appearance," to use the words of the president of Trinity College, "that stamped him as a very superior person." He was indebted to his professional brethren, who sought his counsel, for much of his earlier business. There can be no surer test of a man's merits than this.

From 1868 to 1876 the medical atmosphere of Louisville had been surcharged by the enemies of the University with a hatred and malignity which practically destroyed the comfort of every honorable physician in the community. The feeling spread itself to other and even distant parts of the State. Irregular and most reprehensible practices were indulged in by rival schools at her very doors, that they might swell the size of their classes and increase the incomes of their teachers. The country was flooded with a species of medical nondescript. The profession was debased. Legitimate medicine was endangered.

At this juncture Dr. Cowling felt himself stirred to enter the field of journalism, that he might the more readily battle for the right and assail the wrong. He gave the subject much and anxious thought. He conferred with his friends both in and out of the profession, and he then took what proved to be the most

important step in his life—the founding of the Louisville Medical News. He associated with him in the enterprise Dr. W. H. Galt, a gentleman of wit, courage, and ready pen, who continued on the editorial staff for two years, being succeeded by Prof. L. P. Yandell. This gentleman withdrew in 1880.* For publishers he found in the well-known house of John P. Morton & Co. those who, applauding his spirit, gave the prestige of their imprint to his novel venture.

On New Year's day, 1876, the first issue of the News appeared. It was a weekly journal of sixteen pages. Its motto, "*Nec tenui pennâ*," was chosen from Thackeray, one of Dr. Cowling's favorite authors. He threw his entire strength into his new work. It became a part of his daily life. Scarcely a number appeared which did not contain marks of his quality. Logical, humorous, witty, and running over with good feeling, the News at once took rank among the very ablest publications in medical periodical literature. In the salutatory the editor emphasized his intention to render "evenhanded justice" and "be charitable." How faithfully he lived up to this platform the readers of the News will bear abundant testimony.

But while he possessed a gentleness which was well nigh womanly, the blood of his martial ancestors leaped in Cowling's veins at the "bare thought of meanness and of fraud." Hence his purpose to strike at the enormities which now had been so long perpetrated by the common enemies of the University and of legitimate medical teaching, not only here but elsewhere. And he struck at once.

With the opening number of the News he threw a well-equipped column across the path of the veteran foe who, hitherto unchecked, had ruthlessly trampled upon the right and upheld the wrong wherever his influence extended. The enemy at first affected to sneer at the movement of his new adversary, but the young editor soon transformed the seeming sneer into shivering dismay. This was quickly followed by defeat,

*The News passed, after Dr. Cowling's death, under the editorial management of Prof. J. W. Holland.

and this in turn by ignominious flight. The resistance was obstinate, but Dr. Cowling made the campaign short and decisive. He "took the war," as he said, "into Africa and kept it there." He wrote on the field as he sate watching the discomfited fomenter of all this medical discord—fleeing when no one pursued—in the following humorous but generous terms: "If the enemy will surrender and get some responsible party to go on his bond for him, we will not only 'let him up,' but will divide our commissariat with him. We have not a bloodthirsty feeling in our bosom, and long for a return of peace."

Throughout this entire controversy, than which the annals of medical politics contain nothing, on one side, more savage, acrimonious, and dogged, Dr. Cowling never lost his temper, and, as he truly said, "in the face of the rudest assertions and grossest personal abuse administered correction in the pleasantest possible manner." Among his last allusions to the controversy and its consequences, he wrote with a sense of genuine satisfaction, "We have at any rate made the atmosphere of Louisville more pleasant for professional men to breathe, and cast off the imputation that a great humbug flourished here with no one to combat it."

Happily for all engaged in the pursuit of medicine as either teachers or practitioners, the aseptic condition of the atmosphere of this region, effected by the guns of the *News*, continues to the present time. And while the keenest rivalry still exists among the schools, it may be fairly said to be completely shorn of that sinister spirit which destroyed the peace of the profession before Dr. Cowling and his journal appeared upon the field.

But the evil which this Bayard had driven out of Kentucky transferred itself about this time to another State. A medical college there imitated the iniquities which had existed here. Dr. Cowling at first remonstrated with its faculty in his usual gentle way, but no heed being paid to his soft words he turned the batteries of his ridicule full upon the institution, which, as it happened, was vulnerable beyond most of its rivals. Among other claims

to public favor, it had boasted much of its unequaled hospital advantages, and dwelt upon the fact that its classes had access to the abundant clinical material furnished by the State Penitentiary. Cowling could not refrain from letting fly at so inviting a target, and there appeared in the News what purported to be a clinical lecture at —. He made the professor to say, after bringing a convict before the class, . . . "Our prognosis, gentlemen, in cases of grand larceny must necessarily be guarded. It depends greatly upon the amount the patient has taken before we see him. I think it would be safe, however, to put it down at from two to four years. Relapses are particularly bad, as they indicate a diathesis in this direction. In regard to treatment, there is no specific; but by exercising a proper restraint over the patient a second attack may be postponed for a time. Our chief concern is to prevent the patient from breaking out. Dietary and hygienic measures are all-important. In England sea voyages to Australia have been prescribed with benefit. Short hair is desirable, that the brain may be kept cool, and loose-fitting clothing, that the body may be comfortable. We believe greatly too in rendering the patient as attractive as possible to himself; to which end the dull monotony of our modern fashions in dress is relieved by the alternate stripes of white and black, which you see the patient exhibits in his coat and trousers. A bath taken *al fresco* at the pump on Saturday afternoons, and a vigorous scrubbing with yellow soap, does much to promote the action of the skin and to divert the mind. A pint of peanut coffee, sweetened with sorghum, three times a day, a modicum of bacon (sow-belly of the poets), baked beans, with dodgers *de* corn, form the chief diet in this complaint; and these, with moderate exercise, say about ten hours a day at the rock-pile, or breathing the invigorating atmosphere of the hemp-factories, make up our treatment. Our attentive clinical assistants, Messrs. Thrashem and Shootem, will take the case in charge and report progress." As a bit of irony, this lecture is as clever in its way as any thing written by Charles Lamb. It went straight to the mark, and, as a result, the

school was quickly driven to change front and abandon its erring ways.

And thus he who shaped the policy of the News went about exposing frauds, shattering shams, and correcting such abuses in medicine as he felt were worthy of his notice, kindly if he could, forcibly if he must.

Dr. Cowling strove to be useful. Among his earliest editorials was one directed to the abolition of the time-honored university law which required candidates for the degree in medical colleges to present to the Dean a thesis upon some professional topic. "We are going," he says, "to take up the cudgel in behalf of students, for the thesis is, we think, an arrant humbug. It is no measure of merit; it is not the spontaneous offering of the Muse, but springs from the terror-stricken spirit. Far better the time it costs should be spent in the dissecting-room and at the quiz. These are passing opportunities." He could not lay down his pen without adding this bit of humor and truth: "Early professional life will give ample leisure for literary effort." He lived to see the law annulled.

He next endeavored to secure the passage of an act by the General Assembly of the State, whereby confidential communications between patient and physician should be placed upon the same footing as like secrets acquired by a lawyer in his professional intercourse with his client. "The necessity," he declares, "for reposing confidence in physicians is certainly as great as in the cases of lawyers and priests and ministers. Their relations with their patients are of the most personal and intimate nature. To them is intrusted necessarily a knowledge of the personal defects and infirmities and the troubles and secrets of their patients. The skeleton in the family closet comes naturally within their view. The knowledge which they thus acquire would often, if they were compelled to betray it to the world, make physicians a terror and a curse rather than a relief to those who trust them. Most people would prefer continued disease to exposure and disgrace." The obsolete, common-law rule, however, still cumbers the statute-books of the State, though the

arguments of the News will, it is to be hoped, lead to a change at no distant day.

He endeavored, and with success, to ameliorate the hardships and lessen the severities of convict life in Kentucky prisons, and urged that executions of criminals in public should no longer be permitted.

The last editorial he penned was in the chamber from which he went not out again, and but the day before his death. It was on the vexed question of reform in medical teaching, a question to which he had given much time and study. The article concluded with the following thought, than which, perhaps, no sounder has any where been expressed: "We have an abiding idea that the fault of American teaching does not lie more in short terms than in faulty methods. . . . Upon the gradation of subjects, demonstrative teaching, and text-book studies depend the only basis of true reform." There are many who share this opinion, and believe that the path here indicated, and that path alone, will lead to those changes which all friends of humanity so ardently desire.

Time will not permit me to even hint at the numerous other subjects on which he publicly expressed himself in his own clear and kindly and often inimitable way. It must suffice here to say that almost every current topic of the day in which medicine had concern or in which her voice could be useful was presented in the pages of his journal.

"He wrote," says another, "of things abstract, abstruse, and technical in a style so brilliant that even lay minds were interested in the perusal of his articles. He illustrated things difficult and dark by their analogy to things clear and easy of apprehension, so that dullness could understand and remember them."*

He loved children, and in return was beloved by them. Some of his pleasantest editorials are entitled "Pleas for the Little Ones."

"We beg our brethren," he writes, "to do what they can

*Rt. Rev. T. U. Dudley, D.D.

. . . to protect these little ones during July and August days from being smothered by the pomps and vanities and misdirected kindnesses of the good mothers in this wicked world. Comfort them at both ends—take off their hair and take away their shoes, if not in public at least at home. It will improve the growth of their locks and the shape of their feet. Preach the abominations of piqué dresses and flannel bellybands and woolen jackets on the eve of the dogstar and while it rages, and the misery to childhood always of spoilable clothes."

And how graphic a picture of children's sports is this: "The baby just able to toddle pitches its tent in the nursery, with a chair for a ridge-pole and mother's shawl for the canvas. The older urchin cooks his dirty dough by the fire built in the back yard and dreams of adventure."

He was fond of all manly exercises and outdoor sports, and when young indulged much in the latter. As his years and his work grew, however, he found himself less and less free to participate in them—a circumstance which he often lamented. He continued to be a great walker. At one time in his life when he fancied he was growing too corpulent he walked for a season regularly fifteen miles a day—a feat which can but be regarded as considerable in a climate where walking for any distance is well nigh out of the question for five months in the year, and but seldom indulged in for the remaining seven months. His contemplative mind naturally made of him a disciple of the gentle Izaak rather than a follower of hounds or of pointers. Every thing, however, relating to the field interested him, and often when a friend had returned from a day's shooting he would go to hear him tell of the doings of the dogs. He would sometimes say, "If I only had the excuse of poor health how often I would get out. But I have no excuse to recreate. Why, I am recreated with every sunrise. I have no apology for either shooting or fishing. I can work incessantly without fatigue. Health! why I have health to loan, health to sell, health to give away."

In an editorial headed "The Therapeutic Value of Field-

sports" he expresses himself in the following charming way. Addressing physicians he says, "The prescriptions, 'Go a-fishing,' or 'Hunt daily for a week or two,' are the most rational medicines one can take. . . . In every one there arises at times a desire to break away from civilization and go wild. . . . The desire is just as distinctive as love or hope or any other passion in the human breast; and he is the wisest doctor who recognizes the voice of nature, not only when disease is at hand, but in the warnings it gives of its approach. Talk about prophylactics and hygiene—a man may live longer and better with a week's camping on the Kankakee or Green River twice a year than by following all other directions that the sanitary wisdom of the State can devise. It is the invigorating atmosphere of the country, the rustle of the trees, the waving of the green fields, the babble of the waters. It is not the number of fish on his string or of the birds in his bag that measures the restoration of his wasted energies. A glorious nibble may stir the nerve-currents to the brachial plexus for a month to come, and a winged partridge excite hopes that may never die."

In his short and busy career he found time to prepare a number of public addresses, each of which was distinguished by his finer characteristics. The first of these, a valedictory address, was given in 1872 when he was adjunct to the chair of surgery. In this he inculcated a culture on the part of graduates outside of and beyond the shop. He declared that doctors had other duties to society than to give it physic, and urged them to the cultivation of their minds on other subjects—that there was no branch of knowledge which was not humanizing—"the pages of Thackeray," he said, "will teach you more of the human heart than ever you found in Gray or Dalton."

The same vehement love of knowledge which he exhibited when at college grew with him into manhood. Besides his familiarity with the higher mathematics, his acquaintance with the Latin and Greek tongues was much beyond that of the ordinary classical scholar. Indeed I hazard little in the assertion that

next to his colleague, the able teacher of the Practice of Medicine in the University, the learned Dr. Bell, few physicians in America had a better knowledge of the dead languages than he. His was in truth a many-sided culture, and in this very diversity he acquired that power which comes from the discipline which such culture implies, no less than the breadth and freedom of thought which it begets.

In another address, delivered four years later, he selected as his topic "The Relations of Medicine to Modern Unbelief." The subject suggested itself to his mind as one on which the physician was specially qualified to speak. And in view of the so-called conflict between science and religion, in which, as he conceived, the latter had been robbed of some of her empire over the hearts and minds of men, he felt himself impelled to enter the lists, under the standard of that superior power, "the God who healeth our diseases and redeemeth our life from destruction." . . . "Surely," he said—and I commend his words to you, graduates—"no doctor can make a fling at religion on the score of faith. If you pin yourself down to receive nothing which can not be demonstrated to you 'through the cold, clear atmosphere of your reason,' you will not have a very active life in your profession. If you so receive the teachings of faith in matters pertaining to a temporal existence, why reject them when demanded for the one that is eternal? The Bible, gentlemen, offers you ground for an hypothesis that it comes from God, at least equal to those framed from the practice of your profession." "Evolution," he continues, "can give you no single idea of how life ebbs and flows. Evolution gives no comfort, and the correlation of the physical forces offers poor consolation when life is gone. The light and heat of science will not cause that eye to shine once more or the life-blood to course those veins; . . . and however omnipotent science may be, it can not dry the tears for him who is lost. The doctor has found no substitute for creation."

But compact and cogent as this plea for religion is, Dr. Cowling bore testimony in other and different ways to that

faith which supplied the daily needs of his life and sustained him at its close.

Only the day before his death, while his minister and much-loved friend, Dr. Craik, was visiting him, the conversation turned on authors and the style of their writings. Dr. Cowling, still retaining his early impressions of Watson, asked a member of his family to read Watson's farewell address to his class, which being done, he turned to the venerable prelate and remarked, "Who could doubt the existence of God after hearing that?"

Before speaking of another address which he gave soon after the one from which I have just quoted, it is necessary, in order that you may understand its singular fate, to state that Dr. Cowling wrote with great rapidity, and in a hand which few persons, himself occasionally among the number, could decipher. While visiting England in 1870 he became much interested in the University of Oxford. On his return home he embodied his impressions of this ancient seat of learning in an address which he delivered before a religious guild in this city. The address was asked for by the press, and handed, the same evening on which it was spoken, to a friend, who gave it to the foreman of the *Courier-Journal* newspaper. In a few moments the foreman returned the manuscript, saying he was sorry, but it could not be put into type until it was rewritten; that he had distributed it among sixteen compositors, not one of whom had been able to decipher four lines consecutively, and finally all had abandoned it as an impossible job. The manuscript was returned to its author, who laid it away to rewrite, but when some days after he attempted to read it he was as much at a loss to do so as had been the compositors. And thus was lost to the general public one of his best productions.

The last address he ever gave has been read and admired by medical men every where. It was made when a monument was erected, under the auspices of the Kentucky State Medical Society, over the grave of Dr. Ephraim McDowell, the father of ovariotomy.

The occasion was one of extraordinary interest. The audience by its very size was imposing, and was made still more so by the elements which entered into its composition. On the platform sat the Governor and other officers of State; divines, jurists, and senators, among whom were orators of national fame; the president and other officers of the State Medical Society; the president elect of the American Medical Association; besides physicians of distinction who had traveled great distances to take part in the ceremonies. The body of the building was ablaze with the beauty of the State. The orator of the evening was Dr. Gross, at whose feet Dr. Cowling sat when a student of medicine, and whose former chair in the University of Louisville he had just come to occupy. The illustrious Pennsylvanian had spoken in fitting terms of the most renowned of all Kentuckians. Dr. Cowling had been selected by the society to present to Dr. Gross the knocker which once hung on Dr. McDowell's door. He rose, and, turning to his beloved master, said, "Dr. Gross, the Kentucky State Medical Society thanks you for the beautiful oration you have just delivered on Ephraim McDowell. Surely hereafter, when history shall recall his deeds and dwell upon his memory, it will relate how, when he was fifty years at rest, the greatest of living surgeons in America came upon a pilgrimage of a thousand miles to pronounce at his shrine the noble words you have spoken." . . . "I wish that the magician's wand were granted me to weave a fitting legend around this door-knocker, which comes from McDowell to you, Dr. Gross. There is much in the emblem. No one knows better than you how good and how great was the man of whom it speaks. It will tell of many summons on mercy's mission which did not sound in vain. Ofttimes has it roused to action one whose deeds have filled the world with his fame. A sentinel, it stood at the doorway of a happy and an honorable home, whose master, as he had bravely answered its signals to duty here below, so when the greater summons came, as trustfully answered that, and laid down a stainless life." And raising his tall form he added this feeling and beautiful tribute to Dr.

Gross: "It belongs by right to you, Dr. Gross. This household genius passes most fittingly from the dearest of Kentucky's dead surgeons to the most beloved of her living sons in medicine. She will ever claim you as her son, Dr. Gross, and will look with jealous eyes upon those who would wean you from her affections. And as this emblem which is now given to you hangs no longer upon a Kentucky doorway, by this token you shall know that all Kentucky doorways are open at your approach. By the relief your skill has wrought; by the griefs your great heart has healed; by the sunshine you have thrown across her thresholds; by the honor your fame has brought her; by the fountains of your wisdom at which your loving children within her borders have drunk, the people of Kentucky shall ever open to you their hearts and homes."

The effect of these words, uttered in the deep, sonorous voice of the speaker, was thrilling. It was some moments before the eminent surgeon to whom they were addressed was able to rise and reply.

Dr. Cowling wrote much on matters connected with the profession, but his writings on purely scientific subjects were not abundant.

How few genuinely great men in medicine write as much as we would have them; how many little men write more than we wish. I append a list of his more important contributions to surgery, some of which hinted at new departures, all of which it may be truthfully said were of practical value. The only sustained scientific work which he brought out was a little volume entitled "Aphorisms in Fractures," which went to the press but a few months before his death. He lived, however, to see it accepted by the profession throughout America as a production of genuine merit, containing some novel points, and put in the fewest and plainest and simplest words.

Besides the positions he occupied in the University, Dr. Cowling filled the office of President of the College of Physicians and Surgeons, the oldest and largest medical society in this city. He was also Surgeon of the Short Line Railway.

In 1867 he married Mary, daughter of Col. Sam. B. Churchill, of this city, who, with three daughters, survives him. Shortly after this union he made a second trip to Europe, applying himself to the study of surgery.

On Saturday, April 2, 1881, at noon, Dr. Cowling died at his residence of rheumatism transferred to his heart. He had been ill but a short time, and his physicians were not apprehensive of the result until a few moments before the end came. At the morning visit made on the day of his death, he was found suffering with extreme precordial distress, which seeming to abate under the remedies quickly prescribed, the medical attendant remarked, "Cowling, you are rallying." "No," he gasped, "it is the heart, and I shall die."

When he was laid in his grave he was followed by a multitude of mourners.

To our weak eyes it would seem that Dr. Cowling's purposes were broken off just as he had fairly awakened to the strength that was in him; when on the broad foundations he had laid by dint of long and patient study he had erected but the scaffolding of the future superstructure, the blocks of which, as we have seen, were so sound and so shapely.

In person, Dr. Cowling was commanding. He was tall, deep-chested, broad-shouldered, stout-limbed. His head was large, his face singularly benignant; his manner courteous, considerate, persuasive; his laugh cheery, mirth-provoking; his voice deep, manly; he led frankness, cheerfulness, and good will to dwell in his heart, and made duty its mistress. His mind was singularly judicial.

As a surgeon his bearing was sympathetic, his insight quick, his hand gentle, steady, and strong. A man of the times, he retained the dew of his youth. A man of the world, he preserved a simplicity and gentleness like to that of Elia. To humor, which rippled on the current of his life, warming and gladdening as sunshine all who came within its genial light, he added a wit which often dazzled but never stung; to truthfulness he added trust in others; to deep humility he added high courage;

to that not uncommon charity which bid his servant during the bitter cold weather "leave the coal-house door unlocked, for a man must be poor and very miserable before he will steal a lump of coal," he added that rarer charity which thought no evil. He added to knowledge wisdom. He was a Christian.

With a few more words I shall conclude the mournful task allotted to me.

What I have had nearest my heart has been to present the dead surgeon as he was—in the simple, ingenuous way he would have chosen. For the courtesy due such as he is truth. Hence I have but transferred to another canvas that figure which, all unconsciously, he drew of himself while living, using no other colors than those he mixed with his own hand and left on his palette.

Gentlemen of the graduating class, I can find no more suitable language in which to close these remarks, and certainly none which more pointedly conveys the behests of your *Alma Mater* to all her children, or better expresses the responsibilities of the mission on which you now enter, or which should sink more deeply into your hearts, than the ringing words of him to whose teachings you listened with so much pleasure but a twelvemonth agone: "Good cheer to the guild all round. Health and happiness to high and low, to rich and poor, to old and young." . . . "What a stewardship has been intrusted to us! what powers for good or evil! And remembering we are but men, we may not uselessly beat our breasts at the remembrance of the terrible shortcomings of which each must feel himself guilty in the past, but in a reliance upon that better nature which every man feels planted within him, bend ourselves to lead a better future. With deeper faith in our art, studying to our best powers its resources, with constant remembrance of the sacred trust imposed upon us, and, above all, with hearts full open to the lesson of charity which, more than all men, we should feel, then may we confidently meet the end."*

* New Year's Editorial in Medical News, January, 1878.

APPENDIX.

On the Bisulphide of Carbon. (*American Practitioner, 1870.*)
Manila Paper as a Material for Splints and the Immovable Apparatus. (*Ibid. 1871.*)
Valedictory Address. (*Ibid. 1872.*)
An Address on the Life and Professional Character of Geo. Wood Bayless, M.D. (*Ibid. 1873.*)
Dislocations of the Thigh—Six Cases in which Manipulation was used. (*Ibid. 1876.*)
The Influence of Shock on Memory. (*Ibid. 1880.*)
Remarks on the Transfusion of Blood. (*Louisville Medical News, 1876.*)
Extraction of a Bullet from the Brain. (*Ibid. 1876.*)
The Relations of Medicine to Modern Unbelief. (*Ibid. 1876.*)
Pathology and Treatment of Sprains. (*Ibid. 1877.*)
The Medical Journals of Kentucky. (*Ibid. 1878.*)
A Case of Fracture of the External Condyle of the Femur. (*Ibid. 1879.*)
Notes on Acupuncture. (*Ibid. 1879.*)
Food and Food-medicine in Surgery. (*Ibid. 1879.*)

PLEURITIS, WITH SPECIAL REFERENCE TO CASES REQUIRING THORACENTESIS.*

BY S. A. HINTON, M.D.

Pleuritis is mainly a complication of croupous pneumonia, rheumatic pericarditis, scarlet fever, and pyemia. According to statistics, it occurs with effusion in every fifteenth case of croupous pneumonia, and its frequency in the other named diseases is

*Abstract of paper read before the Putnam County Medical Society.

not definite, but all agree it is not rare. This form is much more fatal than primary pleurisy, varying with the gravity of the disease accompanying or preceding it. The amount of effusion, the patient's age and constitution, have much to do with the prognosis, death supervening from collapse of the lungs or from syncope after any extra exertion.

Dr. Flint says, "Death is more frequent from embolism in such cases than is generally supposed."

The treatment may be divided into three stages—the stage preceding effusion, that of effusion, and the stage of absorption.

In the first, emollient poultices, leeches, wet cups, hydrogogue cathartics, and, lastly, anodynes, to be used with extreme caution, hypodermically or per os.

For the second stage, iodide of potassium, digitalis, and blisters; these failing, thoracentesis. The indications for thoracentesis are, first, dyspnea, whether the contained fluid is serous, hemorrhagic, or purulent; second, when the effusion, though moderate, does not decrease by the use of the above remedies in seven or at the most ten days, for further waiting is either at the risk of permanent compression of the lung or purulent degeneration.

The third indication, requiring tapping, is empyema.

If there is doubt as to the character of the fluid, an exploring needle or a hypodermic syringe may settle the diagnosis.

The books tell us that accidents to be avoided are the admission of air and injury to the intercostal arteries or lung-substance. As to the first, I am satisfied its dangers have been overstated and the benefit of an operation in many cases too long postponed, yet it is best by the use of Bowditch's or Dieulafoy's instrument to avoid the entrance of air in *collections purely serous*. If the intercostal artery is injured, Dr. Hamilton suggests that a ligature be thrown entirely around both rib and artery. A proper site for puncture will avoid penetrating the lung. The fact is, this operation is so simple that no prudent practitioner should hesitate to perform it any more than to tap a hydrocele. I shall introduce a few cases illustrating the point this paper is intended

to emphasize; namely, the danger of postponing operative interference.

In 1863 a child came under my treatment for pneumonia. The disease not yielding, counsel was called, who insisted that the child had empyema of the opposite side to the one supposed to be affected with pneumonia. An operation without antiseptics was performed, which emptied a large purulent collection, and the child rapidly recovered.

In another case pleuritis accompanied pneumonia on the same side. An opening was made with a medium-size trocar, with a valve canula, and every antiseptic precaution taken, known at that time—1863. Only a half pint of offensive pus was let out, after which the wound was plugged, according to the practice of that day, and every day the plug was removed and the abscess allowed to partially empty. This man died from phthisis in five months, the fistula remaining open.

The third case, brought to me from a neighboring village, had partially recovered from an attack of pneumonia. Examination revealed an abscess, limited to the upper half of the left pleura, the pus distinctly pointing in the fifth interspace. There was a dry, distressing cough, hectic fever, and night-sweats. I opened the abscess with a thumb-lance. The incision was enlarged and the pleural cavity injected with tinct. iodine one part, to four of water. The man at this time is in good health, but has considerable flattening of the side.

The next case was a man discharged from the army, as his papers stated, on account of phthisis pulmonalis. He had empyema. After a free incision in site recommended by Dr. Bowditch, a silver drainage-tube was introduced, and he made an excellent recovery, although to this day suffers frequently with pleuritic pains and can not expand the lungs very fully.

In another case, in a little girl suffering from empyema following pericarditis, I wanted to tap while the effusion was yet serous. After thorough trial of absorbents for two months, her father consented to an incision after a capillary trocar had revealed a pus-accumulation. A discharge of fetid matter contin-

ued for seven months, during which time I enlarged the opening, washed out the pleural cavity with stimulating liquids, and gave various tonics. The patient is now, a year and a half after the operation, in fair health, but with almost complete collapse of the lung, flattening of the side, and drooping of the shoulder.

These five cases show plainly the necessity of early and certain diagnosis, as well as the danger of delay in tapping. In every one the effusion was overlooked or unheeded until it degenerated into pus, and the patients, by such want of knowledge or neglect, risked all the added dangers of a pus-accumulation.

I have two cases of serous effusion requiring operation to report. They were children of tender years, neither needing the removal of all the fluid to relieve them. My apparatus certainly allowed more or less air to enter, yet not the slightest bad effect resulted.

To sum up. If pleural effusion is a dangerous complication, and, if let alone, very frequently results in empyema and its evils, and if thoracentesis is a certain relief, a promising curative, reasonably devoid of danger, the conclusion seems to be plain. That the effusion is dangerous and often fatal, that the operation is safe and successful, is the recorded experience of Trousseau, Bowditch, Murchison, Anstie, Flint, and other eminent writers. In *all cases* the diagnosis should be verified by means of a capillary trocar.

Dr. Anstie forcibly says, "Tapping is not to be looked at as a dangerous last resort, appropriate to a few cases only, but as the every-day remedy, where an effusion, purulent or otherwise, lingers for more than a very limited period." The opening must be large, and not allowed to heal so long as the discharge is puriform.

REELSVILLE, IND.

HYPODERMIC ETHER IN PUERPERAL HEMORRHAGE.

BY THEOPHILUS PARVIN, M.D.

Mrs. K., thirty-seven years of age, was delivered of her third child at 7 A.M. The physician in attendance having failed to remove the placenta, and excessive hemorrhage occurring, I was sent for and saw her at 9 A.M. I found her almost pulseless, countenance with a death-like pallor, bathed with perspiration, restlessly tossing her arms, complaining that she could not see, that she was dying. Whisky and ergot had been given to her freely, and caused occasional efforts of vomiting. My first step was to remove the pillow and bolster from under her head, and to have the foot of the bed raised so as to facilitate the flow of blood to the anemic brain. Next placing one hand on the abdomen, I could not feel the uterus. It was without form and flaccid as the abdominal wall itself. The other hand was introduced into the vagina, passing through a pool of blood in which the hips were lying, and from the vagina into the uterine cavity. I found that the cord had been torn loose close to the placenta in vain efforts to extract the latter, which was free in the uterine cavity. The uterus was completely relaxed, as flabby and soft as a "piece of wet tripe." In vain I sought, by compression and friction through the abdominal wall with one hand, and by movements of the other within the uterine cavity, to excite contractions. I then removed the placenta and injected water at the temperature of 110°, but still there was no response from the muscular fiber of the uterus, although the patient complained of the heat of the water as it flowed out through the vagina, and her exhaustion became still more alarming.

Remembering the very favorable results obtained by Hecker in uterine hemorrhage from hypodermic ether, I injected twenty drops of sulphuric ether, and repeated the operation at intervals of from five to ten minutes, until one dram and a half of the liquid had been thus introduced. Meantime direct stimulation

of the uterus by friction and compression externally, and by a hand in the uterine cavity, was continued, and about the time the last hypodermic was used contractions first manifested themselves, and within half an hour the uterine retraction was nearly as complete as is observed after normal labor.

Of course the patient's convalescence was very tedious. It was three weeks before she could sit up in bed without fainting. Nevertheless her recovery was uninterrupted.

Remarks. Few emergencies in professional life can be more serious than puerperal hemorrhage, and yet none presents more prompt and satisfactory results from suitable treatment. Prophylactic management is of especial importance in the conduct of the third stage of labor. Where this is wise, the practitioner will very rarely in his own practice meet with either primary or secondary hemorrhage. If the history of a patient in a previous labor, or the protracted character of the present one, or the feebleness of uterine contractions and the relaxed condition of the uterus indicates probability or possibility of this accident, from a half to a dram of fluid extract of ergot should be given immediately upon birth of the child. But of greater importance is moderate and continuous compression of the uterus, commenced with the expulsion of the fetus and continued until the delivery of the placenta and until the application of the abdominal bandage. The safeguard against hemorrhage is uterine *retraction*. It is not enough that contractions occur, for after these relaxation follows; but there must be a continued action of muscular fiber. In addition, hemorrhage is prevented by the formation of thrombi in the mouths of the vessels torn in the detachment of the placenta. Now this process of retraction is partly secured by the manual compression mentioned, while the formation of thrombi is hindered by a notable relaxation following contraction.

But hemorrhage occurring, we depend for its arrest chiefly upon local means. Failing by mechanical means to evoke uterine contractions, hemostatic means applied directly to the bleeding surface, especially in the form of intra-uterine injections, have been urged. Among these, cold water in former years

was regarded with as great favor as hot water is now. Laying aside the danger from the by no means hypothetical entrance of air into the uterine vessels, I am not quite satisfied that liquid injections, whether hot or cold, may not detach here and there a thrombus and increase the hemorrhage. Be this as it may, they are powerless—I do not now refer, of course, to solutions of iodine or of iron salts—unless the irritability of the muscular fiber is present.

As recommended by Dr. G. Hamilton, compression of the uterus by means of the fingers introduced into the vagina and pressing upon the neck of the uterus posteriorly, the other hand upon the abdomen pressing the fundus of the uterus downward, so that the organ is included between the two hands, is one of the most efficient means of arresting post-partum hemorrhage. But it is only an extemporary expedient. We may by this means gain time for the action of more lasting means. But where the uterus is, as it was in the case narrated, flabby, relaxed, formless, the operation is impractical.

Compression of the aorta, as recommended originally by Plancquet, Ulsamer, Siebold, Sentin, Baudelocque, and Chailly-Honore, has had many strong illustrations of its efficiency adduced by Dr. Leon Gros,* and Dr. Barnes† remarks, "I have occasionally derived advantage from it, and look upon it as a momentary resource."

Styptic injections into the uterus, though so strongly advocated by Robert Barnes, and with so many facts to sustain their value, have in some cases, it is asserted, been followed by fatal results, and a substitute has been found by applying a sponge saturated in the styptic solution to the bleeding surface.

But even if either method be resorted to for the arrest of the hemorrhage it is of the first importance that the patient should be restored from her profound prostration. Among the means of this restoration probably none is so prompt and effective as

* *De La Compression de L'Aorta dans les Hemorrhagies Graves apres L'Accouchement.*

† *Lectures on Obstetric Operations*, third edition, p. 542.

hypodermic ether. The great value attached to it by Hecker may be seen by the following extract:*

Since the publication of E. Bayr upon the subject of ether injections, and since I specially recommended the remedy in the treatise mentioned, many observations have been made upon the same here and elsewhere, the purport of which is that very nice results have been obtained therewith, which leaves in the background the question as to the practicableness of the transfusion for obstetrical purposes. In later years also very difficult cases have been bettered quickly by the ether injections, and in no case have I observed either local or general disturbances which could be attributed to them, although I have often made the dose large—as high as ten grains. The ether is again removed from the organism principally by respiration, and just this transient irritation seems particularly to have a beneficial effect upon anemic persons. That cases now and then appear where there is a sudden death from anemia immediately after birth, whether it be complicated with placenta previa, or the loss of blood arise in some other manner, I can indeed not deny; and it has always been strange to me that particularly fat persons soonest sink into fatal anemia after a, for them, not very violent hemorrhage. These probably have, as a general thing, less blood than thin persons, because in them the food is changed into fat and not into blood. In such cases the transfusion does not accomplish its purpose, but the individuals are lost past recovery. The favorable results which have obtained in this manner with ether were an inducement to try other restoratives, as alum camphoratum. That it should have the preference to ether is not, from my experience—slight, 'tis true—probable.

FOREIGN CORRESPONDENCE.

My Dear Yandell:

LONDON, February 20, 1882.

The office of Surgeon to the Great Western Railway has been advertised. The duties of the office are to protect the interests of the company. The salary is \$3,000 a year. Over four hundred applications have been received, many of them

* *Beobachtungen und Untersuchungen aus der Gebäranstalt zu München.*

from distinguished hospital surgeons. To see so many of the *élite* of our noble profession fighting and endeavoring to cut one another's throats for such a paltry sum is indeed a gloomy spectacle. Is it not sufficient to make a young surgeon hesitate before following an arduous profession, and one which is so ill repaid for its services, when he sees so many surgeons who have made for themselves a name through their ability and perseverance in scientific research struggling for a sum of money which will barely keep them in horse-flesh? The law of remuneration seems indeed to be a law of inverse proportion, when men of science and culture are allowed to starve, while an illiterate music-hall singer, with no education except in vulgarity and lewdness, earns his \$300 or \$400 a week, and a drunken bar-keeper who keeps a house of questionable repute is able to retire after a few years to spend the fortune which he has amassed.

Sir Henry Thompson recently gave a lecture at University College Hospital on Lithotripsy at a single sitting with an analysis of one hundred and one cases. He commenced by tracing the history of lithotripsy, which was as follows: The first efforts to crush a stone were made early in the present century, and culminated in the first performance of the operation by Civiale in 1829. After a considerable interval, during which the operation underwent many modifications in the hands of several French surgeons, and not necessary now to be described, the proposal was made by Heurteloup to remove *débris* on a large scale and accomplish the task at a single operation, but in this he did not succeed.

Before this Sir P. Crampton, of Dublin, had invented an apparatus consisting of a glass receiver, like a large soda-water bottle, from which, by means of an exhausting syringe, he removed the air, and then applied it to a large silver evacuating catheter previously introduced into the bladder. Into this cavity some twelve or fourteen ounces of water had been injected, so that on turning a tap attached to the receiver a powerful rush into it of water and *débris* took place. This was the first "aspirator." This was found to be so dangerously rough in its action

and to require to be so repeatedly charged and applied that its use was soon discontinued.

Soon after Mr. Glover designed an india-rubber aspirator with a glass cylinder, trapped to prevent reflux of fragments, which answered the purpose exceedingly well. The evacuating catheters were silver. This apparatus was much used to supplement the action of the bladder, on which action, together with washing out by a forcible current from the soy syringe, most surgeons, Skey and Coulson particularly, had relied for removing some of the *débris* made at each sitting.

Meanwhile Civiale, who was about this time (1845 to 1865) the most experienced operator in Europe, strongly enjoined the principle of trusting mainly to the natural expulsive power of the bladder, and shunning anesthesia abjured the use of any other instruments except those for thoroughly crushing as injurious to the organs involved. The same practice was pursued by Sir B. Brodie. During a somewhat later period, however, Sir W. Ferguson was endeavoring to shorten the procedure by removing much *débris* by the lithotrite itself, introducing it many times during a long sitting under ether.

In 1878 Prof. Bigelow advised that the stone, however large, and without respect to the presence of cystitis or other considerations, should be invariably removed at one sitting, by means of more powerful lithotrites, larger evacuating catheters, and a stronger india-rubber bottle than had been previously used. The condition necessary and preliminary to this proposal had been the adoption of the doctrines of Professor Otis, of New York, that the ordinary male urethra was capable of admitting instruments of sixteen or eighteen English gauge or twenty to thirty French. This method has now been employed by numerous operators, both English and American, but at present has not been largely adopted on the continent. For lithotripsy at a single sitting, the lecturer proceeded, a stouter lithotrite and one which will bite well into a hard stone and break it into fragments first, which by means of a less powerful but more easily-working lithotrite may be crushed into *débris*, is necessary. When a stone of

medium size has been broken up, and by repeated crushings during eight or ten minutes has been reduced to *débris*, the lithotrite should be withdrawn and an evacuating catheter (about thirty French) should be introduced into the bladder, when urine and some *débris* will be expelled. To this catheter the aspirator, of which there are several varieties, is next to be applied.

The following points are essential in the construction of an efficient instrument: 1. It should be light and small, so as to be grasped and governed by one hand; 2. It should have an opening at the top, by which it can be filled with water, and by which air accidentally admitted can escape; 3. Its lower part should be connected with the evacuating catheter by the shortest route to the bladder, and in such a manner that the aspirator can be detached with ease without loss of any of the contained water; 4. There should be a trap, into which all fragments must fall, and by which they are securely retained. These conditions, says the lecturer, are all present in the instrument which I designed at that time and used in almost every one of the hundred and one cases.

To continue the operation. The aspirator being attached to the evacuating catheter, alternate pressure and expansion takes place in obedience to the hand of the operator, who at the same time modifies the position of the catheter according to his judgment. When much has come over, and the rattle and movement of fragments in the bladder have diminished, a large piece or two only being felt which evidently can not issue, the aspirator is removed and a flat-bladed lithotrite introduced, which will, as a rule, dispose of the remainder. The aspirator is then reapplied and the bladder is completely cleared. In from ten to forty minutes a uric-acid stone of considerable size may thus be broken up and removed. Longer than fifty minutes I have never yet had occasion to prolong an operation.

Considerable public excitement has recently been evoked through the press having got hold of a report in the British Medical of a clinical lecture delivered by Jonathan Hutchinson, in which he stated that he kept a patient in the hospital for three

days, though covered with pemphigus, in order to show, first, that there is no natural tendency to recovery in this disease, and afterward that arsenic acts as a charm in curing it. Jonathan Hutchinson gives the following account of the case: The patient was covered from head to foot with bullæ. The trunk was less affected than the limbs, head, and genitals. On these there was nowhere a space as big as the palm free from bullæ, and on the trunk also there was a considerable number. He was in a miserable condition from pain and irritation. The eruption had been out about ten days, and it affected the mucous membrane of the mouth as well as the skin, etc. The penny-a-liners gushed over this, letters appeared in the newspapers, and Mr. Hutchinson was at last obliged to write an apologetic letter in his own defense. I suppose, as a matter of fact, there is not a more humane man in the profession than Jonathan Hutchinson. He is a member of the Society of Friends, and would be the very last man to inflict unnecessary pain on man or beast. It was hurled at his head, however, that, now that vivisection was to a great extent abolished in this country, surgeons and physicians were making use of the patients in the wards of the hospitals to which they were attached for the purpose of experiment and demonstration to the students, which was a much greater evil. It is needless to state how they enlarged upon the cruelty and inhumanity of keeping a man for three whole days "in a miserable condition from pain and irritation," when his sufferings might have been at once relieved. In spite, however, of all the invectives which the press have of late hurled against hospital management and hospital treatment, the fact remains that our hospitals are constantly overcrowded with patients, which is the best proof of public confidence.

A case of prostatic calculi under Mr. Christopher Heath, removed by median lithotomy, is reported in the British Medical. As the removal of prostatic calculi is somewhat uncommon, the case is worthy of notice. The patient, a man aged fifty-eight, was admitted on November 2, 1881. He had had gonorrhea when eighteen years of age. For the last seventeen years he

had been in the habit of passing catheters (Nos. 4 and 6, English), and had undergone an operation for dilatation of the urethra on several occasions. After using the catheter he frequently passed large quantities of blood. At one time an abscess formed in the perineum and discharged, leaving a fistula, which healed in about a month. His urine had been thick and offensive for twenty years. When admitted he was a stout, healthy-looking man. He complained that he had to pass his water every hour or oftener night and day, of some scalding during micturition, and of shooting pain afterward in the perineum, but not at the tip of the penis. Blood was rarely present, and then generally appeared as a few drops at the end of micturition after much straining. His symptoms were not aggravated by exercise or jolting. He passed his urine in a stream equal to about No. 6 catheter, which was projected well and never stopped suddenly. There appeared to be two strictures—one in front of the bulb admitting No. 9; another farther back, admitting No. 6. The catheter struck a calculus, probably of large size, and fixed. The strictures were dilated by catheterization, and a mixture of nitric acid, henbane, and buchu administered.

On November 8, No. 12 catheter having been passed on the previous day, Sir Henry Thompson saw the patient in consultation with Mr. Heath. Their opinion was that there were several stones imbedded in the prostate. The following day Mr. Heath performed median lithotomy. A stone was found lying in the floor of the prostatic urethra, and removed by polypus forceps. Subsequently two smaller calculi were got away. Mr. Heath then introduced a small vulcanite speculum, and through it swabbed out the bladder with a solution of nitrate of silver (one dram to one ounce). The operation was completed by tying in a petticoat tube. The calculi were three in number, of a red brown color, and smooth on the surface. The largest stone and one of the smaller ones had one facet each; the other smaller one had two. The three stones weighed one hundred grains, and were composed of phosphate of lime, with a trace of carbonate. The patient made an excellent recovery, and

his urine became perfectly clear. The treatment of the bladder by mopping it out with nitrate of silver was both novel and successful. Mr. Heath said that he was led to its adoption by the success which had followed similar treatment in the female, where of course the bladder is much more easily reached through the urethra. He had twice employed the same plan after performing lithotomy in private, and in both cases the results were satisfactory.

On January 13th a debate took place at the Clinical Society on myxedema. Dr. Mahomed called in question the nosographical entity of the disease, and suggested that it might be merely a variety of chronic Bright's disease. The debate from the first partook of a pathological rather than a clinical nature, though Dr. Dyce Duckworth took occasion to remind the society that it was passing its proper scope; but it is difficult to understand how the discussion could have been limited to merely the clinical aspect of the disease. Herein we have a strong argument for the amalgamation of the various medical societies.

The disease which Dr. Ord has called myxedema was first clinically recognized by Sir Wm. Gull. He described it as a "cretinoid condition" supervening in adult women. Briefly, the characteristics of the disease are the following: There is generalized solid edema of the skin and connective tissue throughout the body; but this edema, unlike ordinary dropsical swellings, does not pit upon pressure. In short, a superficial examination suggests that the patient is suffering from chronic Bright's disease. But it is at once evident that the patient exhibits features which are not usual in chronic renal disease. The face is broad and puffy, the expression placid and mask-like. On the cheeks and nostrils there is a curious circumscribed redness, which presents a striking contrast to the pallid, porcelain-like zone beneath the lower eyelid. The nose is swollen and much broadened. The thickened lower lip hangs down, and sometimes allows the escape of saliva. The mouth is widened transversely, and opens imperfectly from above downward. The tongue and fauces are swollen; the speech slow, monotonous, and nasal. The hands

and feet are broad, edematous-looking, and, to use Sir William Gull's expression, "spade-like." The skin generally is dry and scaly, perspiration is absent, and the formation of sebaceous matter almost completely suspended. The hair, teeth, and nails show signs of imperfect nutrition. The thyroid body is diminished in size or even apparently absent, and the subclavicular hollows are filled by soft masses. It is especially noticeable that there exists a remarkable degree of mental and bodily torpor. Thought and movement are extraordinarily slow, yet they are accomplished without imperfection. In short, the mental and bodily operations are simply retarded. Headache, loss of memory, somnolence, and in the latest stages delusions or even hopeless insanity are present. There is a sensation of cold, and the temperature is below the normal. The urine is usually free from albumen, except in the more advanced period of the disease. It must be confessed that as the disease progresses a condition almost if not quite identical with chronic interstitial nephritis usually makes its appearance. Dr. Ord has found that the connective tissue throughout the body contains a very great increase of the interfibrillar, mucin-yielding cement. The change is also observable in the brain and spinal cord.

Dr. Goodhart thought that the change in the connective tissue was degenerative. He protested against the assumption that all or nearly all chronic changes of connective tissue were of inflammatory nature.

Dr. Marcket suggested that the solid edema contained a substance allied to the lardaceous material. He believed too that the altered connective tissue was imperfectly-organized matter.

Dr. Hadden put forward the hypothesis that the sympathetic nerve was primarily at fault. He called attention to the bodily and mental torpor, the subnormal temperature, and the diminution in the size of the thyroid gland. It was probable that not only the peripheral endings of the sympathetic were affected, but also the center in the medulla. He reminded the society that in some of Dr. Ord's cases symptoms of affection of the medulla had been present.

The discussion, although productive of no decided result, can not fail to be of advantage. Many valuable suggestions were thrown out, which will serve for future lines of inquiry. Whether myxedema be a cretinoid state, and its symptoms due to padding of the peripheral nerve-endings, or whether it be a degenerative condition, or, lastly, a disease of malnutrition from lesion of the sympathetic, it is at present impossible to say. We believe that one thing was made clear by the discussion, and that is the existence of myxedema as an independent disease. Its pathological nature still remains unknown, and this research will no doubt decide at no very distant future.

Clinic of the Month.

TARTRATE OF QUINOLIN, A NEW ANTISEPTIC AND ANTIPYRETIC AGENT.—Dr. Julius Donath stated at the recent meeting of the International Medical Congress in London that the tartrate of quinolin lowers the temperature of the body very materially when introduced into the circulation. In the proportion of 0.2 per cent it completely prevents the lactic fermentation of milk, the decomposition of urine and gelatin, and the development of bacteria in artificial cultivating fluids. Tartrate of quinolin is therefore superior in its antiseptic power to sodium salicylate, carbolic acid, quinine, boracic acid, copper sulphate, and alcohol. In the proportion of 0.4 per cent it prevents the putrefaction of blood and the curdling of milk. In the proportion of 1 per cent it destroys the coagulability of the blood and lowers the temperature at which albumen coagulates. It is decomposed in the system and does not appear in the urine. Therapeutically, quinolin is a very powerful antipyretic in enteric and intermittent fever. It has a striking effect in periodic neuralgia, and is an excellent local antiseptic. It may be given to adults in doses of one to two grams wrapped up in wafers. Children take it easily if it is dissolved in equal parts of syrup and distilled water. It does not cause any unpleasant after-effects, and the absence of giddiness and tinnitus is especially noted. (British Medical Journal.)

CODEIA IN THE TREATMENT OF DIABETES.—At the last meeting of the British Medical Association Dr. S. Shingleton Smith stated that opium had been empirically used in the treatment of diabetes from the time of Aetius. In recent times the action of the drug has been investigated by Pavy and others, who have shown that the practice is the result of well-established experi-

ence; and observers have endeavored to ascertain to which of the alkaloids of opium the beneficial result is due. Codeia was first recommended by Pavy on the ground that it could be given in large doses without producing drowsiness. As regards the dose, small doses are recommended by some authors, but it may be given in doses of a quarter to a half grain, three times a day at first, the medicine being increased gradually until the sugar disappears from the urine, or increasing drowsiness demands its discontinuance. Dr. Pavy has given a series of cases showing the beneficial effects of opium, morphia, and codeia in removing sugar from the urine, the advantage of codeia being that it does not produce the same narcotic effect as opium and morphia. Opium is given in doses up to nine grains, morphia up to three grains, and codeia up to ten grains, three times a day. Dr. Cavafy has given fifteen grains thrice daily with good result. Dr. Smith considers that alkalies and all other treatment, even dieting, are inferior to codeia as remedies for diabetes, and that in this disease it may be considered almost a specific and should be the first remedy tried, and should be given in fairly large doses until some physiological effect is produced. Codeia has been said to produce convulsions, but the literature of the subject does not support this, and Dr. Smith has never seen any such effect. (British Medical Journal.)

ON PILOCARPIN.—Dr. Squire believes that muriate of pilocarpin in simple solution is the best form in which to use this drug, in the proportion of one grain to fifteen minims of water for hypodermic injection, and one grain to four ounces of water for internal administration. One third of a grain is the largest and one fifteenth is the smallest dose needed. A dram of the tincture made with thirty grains of leaf is equivalent to one third of a grain of pilocarpin. The method adopted by Dr. Squire is to give a full dose at once. One fourth of a grain of the muriate injected hypodermically produces in a few minutes suffusion of the face, quickened pulse, some throbbing in the neck, and a general feeling of warmth, followed by free perspiration, which

soon streams profusely from all parts of the surface, and continues long after the skin has become pale or even cool. The pulse subsides, while the force of the heart's impulse is rather increased. There is a tendency to sleep, and generally a fall of temperature; the perspiration continues for three or four hours; there is an increased flow of saliva and some increase of pharyngeal and occasionally of bronchial mucus, which might give rise to trouble during sleep, and thus requires attention. So much saliva may be swallowed as to produce vomiting. No headache, sickness, or depression has been noticed as a direct result of this medicine. All the secretions of the body, except the intestinal, are increased by it. The quantity of urine, hardly lessened during perspiration, is increased afterward. There is no dysuria. Swelling and tenderness of the sub-maxillary salivary glands have remained for a day or two after profuse ptyalism. The perspiration induced by pilocarpin does not relieve dysmenorrhea, sciatica, or colic; it does not moderate specific fevers; but when the drug is given near the time for the separation of the false membranes in diphtheria it aids the fall of temperature and favors sleep. It is useful in the febrile relapse of scarlatinal nephritis. It is of great benefit in the early stages of interstitial nephritis of gouty origin, and in the chronic course these cases generally follow often it is of use. In the chronic results of parenchymatous nephritis, as after scarlet fever, it has also been found useful. (British Medical Journal.)

IMPURE CHLOROFORM.—M. Lucas-Championnière has lately read (British Medical Journal) a paper at the Paris Société de Chirurgie entitled Researches on Chloroform. In it he states that Sédillot, who took great trouble to obtain pure chloroform, never had any accidents during its use. M. Perrin, in 1878, called the attention of the Academy to the changes in chloroform. Wishing to remove hemorrhoids with the *écraseur*, M. Lucas-Championnière anesthetized his patient. All went well, but in an hour afterward a violent rigor supervened. In the evening the patient was doing well. Four days afterward M.

Championnière undertook the removal of a subcutaneous lipoma near the scapula. The patient was chloroformed and had a rigor like the one above mentioned. All the patients operated upon under chloroform at that time suffered from rigors. When the chloroform was changed this symptom no longer appeared. In lying-in women with certain kinds of chloroform it is impossible to produce hemianesthesia. It becomes then a question, What are the substances which change the chloroform? On the 5th of July last M. Lucas-Championnière performed the operation of radical cure of a very large right inguinal hernia in a woman. Chloroform was administered. The respiration stopped. The patient was inverted, and artificial respiration applied. Respiration returned at the end of four minutes. The chemist to the hospital declared that the chloroform was pure. Later on, in the same hospital, a youth eighteen years of age could not be anesthetized. Respiration stopped and necessitated inversion. Three days afterward, with another kind of chloroform, the same patient could not be anesthetized; but this time he became cold. On the next day he was anesthetized with another kind of chloroform. The first chloroform was examined by a distinguished Parisian chemist. The boiling-point was found to be modified. This chloroform was therefore impure, although the ordinary reagents testified to its purity. Permanganate of potash passes from red to green if chloroform contain organic substances. With these reagents M. Lucas-Championnière has found that throughout Paris there was no pure chloroform, although some specimens were almost pure.

EXCISION OF THE PATELLAR BURSÆ.—In some notes on the Surgery of Bursæ Mr. W. Mitchell Banks, F.R.C.S., Surgeon to the Liverpool Royal Infirmary, etc., thus speaks (Liverpool Medico-Chirurgical Journal) of excision of the patellar bursæ:

If the bursa remains in an irritated condition for any length of time the sac becomes thickened, and some active treatment is necessitated. Probably the best plan is to tap the bursa with a small trocar, and apply a blister over it, keeping the leg at rest on a back splint.

As soon as the blistered surface will bear it, the knee should be strapped so as to induce the walls of the sac to cohere. Should this proceeding fail, and the fluid re-accumulate, the bursa may be again tapped, and a teaspoonful of strong iodine tincture thrown in, just as one does with a hydrocele. Some surgeons have warmly advocated the introduction of thread or worsted setons, but I can not say that this is a proceeding of which I am much enamored. My objection to it is that you set up suppuration in the bursa and at the same time do not provide a sufficient drain, so that a good deal more inflammatory mischief may be aroused than is required for cure.

But if the tapping and injecting, the blistering and strapping all fail, what is to be done? My present practice is to *excise the bursa at once*, and the principal object of the present little paper is to urge the more frequent adoption of this proceeding. As for the subsequent risk, antiseptics have put such an operation as removal of the bursa patellæ almost on a level with the commoner surgical proceedings of paring one's corns and cutting one's nails.

Excision of the bursa is of course no new thing. It has long been performed, and is doubtless recommended in all surgical text-books, but as a rule the recommendation is not pressing. On the contrary, the praise is decidedly faint. Holding the opinion which I have just expressed, I should naturally like to see excision advocated, not in the light of a dire extremity, but of a thing to be done on comparatively slight provocation. Hitherto it has practically been reserved for solid bursæ of considerable size, but I venture to think that it may be employed with advantage before the condition of solid tumor is arrived at. All bursal swellings are primarily cystic. They become solid, as I have often demonstrated in the theater after an excision, in two ways—first, by repeated deposits of lymph on the interior of the sac; and secondly, by threads of lymph stretching across from wall to wall, which form tuberculae and cut them up into cells, which in turn become filled with solid matter. My idea is to have them out before they have become actually solid—when they are, so to speak, semi-solid. For, after all, when they have reached this stage, tapping and injecting are thrown away upon them, and the only thing that will obliterate them is some such process as suppuration induced by a seton. Now if the excision of a thick-walled or semi-solid bursa can be effected painlessly and safely, the next point to find out is whether it can compete with the seton in point of time. I think it can, and have come to the conclusion that a certain and permanent cure by removal does not take longer than that by prolonged suppuration, and is in all other respects much to be preferred.

In the method of operating I have ventured to make an innovation upon the ordinary practice of removal by a median incision. I have for some years made two incisions—one on each side of the joint midway between the edge of the patella and the femoral condyle. There seem to be two advantages which this method possesses. In place of there being after the operation a median cicatrix, which is painful to kneel upon, the skin in front of the patella is as sound as ever. This is no small advantage, seeing that the persons who get these bursal tumors generally make their living by kneeling, and have to take to kneeling again, even after they are removed.

The second advantage given by this method of removal is the excellent drainage obtained by it. This can never be got by the median incision, inasmuch as any effused fluid at once sinks down into the dependent parts of the pouch and pockets there. If suppuration occurs, the greatest trouble is sometimes experienced in getting quit of the pus. Morning and evening the cavity is washed out, and morning and evening it is found full again, until after considerable delay incisions have to be made at the sides, which might as well have been made at the beginning. So much have I been struck with the great advantage of drainage by lateral incisions that *I have applied the principle to all suppurating patellar bursæ.* In such cases a median incision (more especially if it be, what it too frequently is, a mere prick with a lancet) is most inefficient, and causes a great deal of unnecessary delay and trouble in the cure. Having ascertained with certainty the presence of pus, the patient should be anesthetized and the suppurating sac cut down upon at as low a level as possible on one side. The finger should be inserted into the abscess cavity, and pushed over the patella to the most dependent point on the other side. The point of the finger should then be cut down upon. The incisions being kept open by a couple of large drainage-tubes, the process of coalescence of the walls of the abscess is wonderfully accelerated.

While removing a bursa by the double incision, the great point is to keep steadily cutting upon the tumor itself. In front of the patella no possible mischief can be done, but just at its edge the capsule of the knee-joint is very thin indeed, and here there is a strong tendency to get off the tumor and go cutting downward through the aponeurotic capsule. Although quite aware of this risk, I once inadvertently made a small hole into the joint. Fortunately I was operating under the spray, and by taking care that no blood got in no harm resulted.

Inflammation of the Olecranon Bursa. The patellar bursa is represented in the superior extremity by the sac over the olecranon, but as this is never exposed to continuous pressure we do not find it becom-

ing thickened or solidified. The only morbid condition to which, as a rule, it is liable is acute inflammation from injury, notably from blows received by falling upon the elbow. Nevertheless this is sometimes a very dangerous condition. I have never seen any body in danger of his life from a patellar bursa, but I have seen several in considerable peril from inflammation of the olecranon one, and in one instance a fatal result ensued.

Whenever I find a drunken-looking fellow in the waiting-room who has fallen on the curb-stone a few days previously, and now appears with a thing like a very red Tangerine orange over the back of his elbow, I have him taken into the ward, give him ether, and lay the abscess open from end to end. The usual pricking and lancing suitable for boils and small abscesses is of no use here if it is desired to save the patient with certainty from the risks of a cellulitis. I have always made it a point in clinical teaching to impress upon students the early recognition of suppuration in the olecranon bursa, its danger when it does occur, and its one method of treatment, viz. ether and incision from end to end.

THE WITHDRAWAL OF FLUID IN SEROUS EFFUSION.—Dr. Martin Oxley, Senior Physician to Liverpool Infirmary for Children, writing on Pleurisy with Effusion, says:

When are we to remove a serous effusion? How is this to be done with least annoyance and danger to the patient, and with least damage to the lung as regards its future usefulness?

To the first question I would answer, When there is great difficulty in breathing, when the heart is much displaced and its action embarrassed, when the effusion is increasing with great rapidity, when it has lasted for some time (say three or four weeks) and shows no signs of being absorbed, when its presence produces severe constitutional symptoms or fever of an intermittent type, with a temperature normal in the morning, but reaching 102° to 103.5° at night. Under any of these circumstances I would at once proceed to the withdrawal of some, at the least, of the effused fluid. In a pleurisy where these do not exist there is abundant evidence that we would get quite as good results—I think better—by waiting for the natural absorption of the fluid. Every practitioner who looks back over his own experience can call to mind numbers of undoubted pleuritic effusions where absorption took place in three or four weeks under simple saline treatment and rest in bed, leaving the chest so little damaged that it was afterward difficult to say on which side the effusion had been.

Impressed as I am with the value of paracentesis in the proper case and at the proper time, I can not help thinking that too free use has been made of the aspirator to the extent of its employment in cases which would have recovered perfectly well without it. Doubtless this has resulted from a dread of the serous effusion subsequently becoming purulent, or with the view of encouraging expansion of the lung, and so preventing its being rendered useless by prolonged pressure. But, as a matter of fact, an effusion may last weeks or even months, with symptoms of very considerable constitutional disturbance, and yet the fluid on being evacuated will be as perfectly clear serum as when it was first effused. As regards attempting to bring about expansion of the compressed lung by forcible exhaustion of the fluid, this can only be accomplished in very exceptional cases, owing to the presence of adhesions.

Having decided upon withdrawing fluid from the chest, how is this best to be done? Should we employ the aspirator and forcibly withdraw the fluid? My experience is certainly against this. I believe in making use of the natural elasticity of the chest-walls and displaced organs as the means of driving out the fluid, and merely use a capillary tube, as recommended by Dr. Southev. Aspiration can not be performed without the use of more or less force, and if the pressure from within is sufficient to drive out the fluid this force is unnecessary and may even be injurious. Every one who has used the aspirator must have noticed the violent coughing and gasping which occurs during the removal of fluid from the chest by its aid, and, distressing as this is, still worse consequences not infrequently result from it. On several occasions sudden death has occurred during or immediately after aspiration. Of course this is a very remote danger, and I am prepared to admit that in many of the cases in which it has happened it may have been a mere coincidence.

If Southev's trocar and capillary tube are used, certain precautions should be observed. For instance, the canula should not be allowed to remain in the chest for too long a time—not more than three or four hours. If kept in longer a fistulous opening may result. Care should be taken that the rubber tubing is not stale and inelastic from keeping, as in such a case the hole in it made by the entrance of the trocar will not close, and air may enter the cavity of the pleura. The canula should be strong and the tube long enough to reach from the chest to the vessel which is to receive the fluid, as in order to judge when the canula should be removed it is necessary to see the drip from the tube. When this becomes very slow the canula should be taken out and the puncture-hole sealed by a small piece of cotton soaked in collodion.

I now take the precaution of filling the tube with a twenty-per-cent solution of carbolic acid before using it. By means of a capillary trocar and tube I have, without causing pain further than the mere prick of a needle, and without giving rise to cough or other discomfort, relieved the chest of over forty ounces of serum in less than an hour. Chloroform was administered for the insertion of the trocar, but its effects were allowed to pass off immediately afterward. In the first case in which I employed Southey's instrument I used one of the short trocars recommended for anasarca. After withdrawing two ounces of serum the tube slipped up between the chest-walls and the fluid ceased to flow. Three days afterward, having procured the longer instrument, I withdrew twenty-four ounces in less than five hours. The child made a most satisfactory recovery. During the whole time the tube remained in the chest a nurse kept a careful watch upon the drip, immediately reporting its cessation to the house-surgeon. This latter precaution made me consider that taking so long a time to empty the chest must have its inconveniences, as it is not always possible to have a medical man with sufficient time on his hands to be able to devote three or four hours to watching a case. I therefore at my next operation inserted four canulæ, with the result of relieving the chest of forty-four ounces of fluid in one hour and ten minutes. In this instance, fourteen days afterward, owing to the re-accumulation of fluid, I had to tap again. This time only ten ounces were withdrawn, and the patient made a good recovery.

The question as to whether the very slow or the slightly quicker method of removing the fluid is the better can only be learned by experience. At present I am inclined to think that a medium course is best, and intend in future to use two tubes, removing them the moment they begin to drip slowly.

The Treatment of Empyema. Whatever limitations may be laid down for relieving a serous effusion, there can be no doubt of the propriety of at once by some means evacuating the chest of purulent fluid when we have made ourselves sure of its presence. The pus may be evacuated by Southey's canula, by aspiration, or by free incision or puncture with a large trocar under antiseptic spray, with or without the subsequent insertion of a tube. I have had considerable experience in the abstraction of pus by the various forms of aspirator. But although some very excellent results have been recorded by various observers, where simple aspiration has relieved all the symptoms and probably cured the empyema, in my own experience I have only had one such case. Even in this instance I can not be sure that the child was thoroughly cured, as he went out of hospital with signs of phthisis.

Since that date I have had seven other cases. In four of these I aspirated two or three times, and afterward had to open the chest freely. In my last three cases I opened the chest at once without aspirating, making an incision in the seventh interspace a little to the front of the angle of the scapula, and inserting a tracheotomy-tube. The greatest care was taken to do the whole operation with the strictest antiseptic precautions. In these three cases every thing went on well from first to last, and recovery took place in a much shorter time than where I aspirated and subsequently had recourse to free incision. Doubtless if aspiration alone will cure, matters are rendered comparatively simple. But many men of experience hold the opinion that with very few exceptions empyemas have in the end to be freely opened and drained. Dr. Cheadle, writing lately on this subject, says, "A large one will certainly require a free opening in the end, and the sooner pus is freely let out the better."

If we decide upon aspirating, one caution is necessary, viz. to do so as slowly as possible, and to stop the operation the moment the cough becomes troublesome. I feel convinced that it is useless to attempt to empty the pleura of more pus than the elasticity of the chest-walls and the pressure from the displaced lung and other organs will drive out. Should we decide upon incising the chest, we ought to do so under the strictest antiseptic precautions. The position of the incision may depend a good deal upon the judgment of the operator. One thing is certain, it must be over a part of the chest which is dull on percussion, and it ought to be as low down as the angle of the scapula. It is not necessary to make it below this level, as it is useless to attempt to drain the pleural cavity as you would drain a pond.

After the incision has been made there is often some difficulty in inserting the tube into the chest-cavity. To avoid this, push a pair of dressing-forceps into the opening, and while its blades are held widely apart the tube can easily be introduced between them. A silver or india-rubber tracheotomy-tube answers best. For the first few days the silver one has the advantage of being able to resist the pressure of the approximating ribs, and of making a good opening, through which we can afterward insert the rubber one. If an ordinary drainage-tube is used, care must be taken to prevent its falling into the cavity of the pleura. This has happened on several occasions. One case is reported of a tube six inches long remaining for seven years in the chest without any symptoms of its presence, the discharge still going on through another tube. In another we are told of a gum-elastic catheter which was in the chest for seven months, without, as the reporter says, giving

rise to any symptoms referable to a foreign body. Two other cases where this accident happened have come to my knowledge. In one of these five inches of drainage-tube has been in a chest for two and a half years without giving rise to any inconvenience; in the other, reported by Dr. Wiglesworth, no bad result has followed.

Having opened the chest and inserted the tube, the pus may be allowed to flow freely until air begins to enter, when the dressing ought to be applied. This should consist of plenty of loose gauze, so as to afford abundant absorptive material for soakage. The dressing should be carefully watched, and the moment the discharge appears at the edge should be removed and fresh dressing applied. This course must be patiently continued until the lung begins to expand or the chest recedes, much time being required for recession, even in children. When we find the discharge comes down to about one ounce in the day we may then safely dress the wound with carbolized tow. Should we be unfortunate enough to have a breakdown in our antiseptic treatment, and the discharge become fetid, we may have to resort to washing out the cavity with some antiseptic fluid.

Singularly enough, even after this apparently simple proceeding, or, indeed, during its performance, death has suddenly occurred. Dr. Cayley related such a case at the Clinical Society, which happened in his own practice, and in the discussion which followed several instances were brought forward. The nature of the fluid used seems to have been unimportant. In one it was a solution of iodine, in another warm water with a little alcohol, in four warm water only, and in three a solution of carbolic acid. In every case the injection had been performed many times previously, and in one instance daily for three months. We must not therefore look upon this measure as free from danger, and should try as far as we can to avoid it except when absolutely necessary. In a case of my own, where I washed the cavity out with a solution of one-to-eighty carbolic acid, no benefit was derived, the patient dying of exhaustion, with a dry tongue and general typhoid symptoms. In another case a charcoal poultice was most effectual in correcting the fetid condition of the pus.

Notes and Queries.

MEDICAL COLLEGE COMMENCEMENTS.—*University of Louisville.* The Commencement exercises of the Medical Department of this institution were held Tuesday, February 28th, in Macauley's Theater. The faculty valedictory was delivered by Prof. D. W. Yandell, and will be found elsewhere. An address in *memoriam* of Prof. John E. Crowe, who, it will be remembered by our readers, died suddenly just as the session opened in September last, was given by Prof. E. R. Palmer. We regret that we have not room for the entire address. We give, however, a few extracts, from which may be gathered much of the life and character of one who, as a citizen, a teacher, and a physician, occupied an enviable position:

John E. Crowe was born in Louisville, of Irish parentage, on the 4th of June, 1829. He received a thorough English and classical education in St. Ignatius Institute of this city and St. Mary's College in the interior of the State. After graduating at St. Mary's he was for several years engaged in its halls in the capacity of tutor. In 1852 he returned to Louisville and became a teacher in one of the public schools of this city. In 1855 he entered upon the study of medicine and became a matriculate of the University, where he was graduated in the spring of 1857. His success in his chosen profession became early assured, and the breaking out of the civil war found him a prosperous and honored member of the Louisville profession. In 1862, when the nearness of the western seat of war made Louisville a great hospital center, Dr. Crowe was selected by the Surgeon-general to take charge of a large hospital for sick and wounded soldiers—a position which he filled until the close of the war with such eminent satisfaction as to gain for him the highest encomiums of his superiors. He was several times chosen by the people in the center of the city to represent them in the general council, and as an alderman he enjoyed the fullest confidence of both his fellow-officials and the public gener-

ally, serving as chairman of several important committees intrusted with the most vital of civic interest.

During the summer of 1868 the chair of Obstetrics and Diseases of Women in the University was made vacant by the resignation of Professor Henry Miller. It was a trying time for the Medical Department. Several members of the faculty had resigned, and the future of the college depended much upon the manner of men selected to occupy the vacant chairs. Material was abundant. The existence for years of two successful medical schools in Louisville had had the effect of fostering in the breasts of many an aspiring doctor an ambition to become a teacher. Whatever may have been the feeling in the innermost heart of Dr. Crowe, his innate modesty had prevented his ever manifesting such a desire. The place sought him, and was accepted by him with much misgiving and doubting. Professor Crowe was a man to win the love and esteem of his fellow-men. He had a heart full of warm impulses, ever ready to rejoice with one when fortune smiled and to sympathize when reverses befell. He ever had the interests of the University close at heart, and never wearied of discussing its future or striving to encompass its still greater success. He enjoyed the love and confidence of each of his colleagues, and to one and all of them his death came as a sad and heavy blow.

Up to the day of his death there was no evidence of the fate that was impending. On that day, the 27th of September, he suffered somewhat from what he thought to be a return of an old and apparently simple throat trouble, but as the day advanced the malady increased alarmingly. Early in the evening he sought the office of a professional friend for relief. Failing to find him in, he returned home, where he remained until about ten o'clock, at which time he felt that unless speedily relieved he must die. He again started forth alone in quest of medical assistance, but barely reached his destination in time to sink into a chair and die.

Doctor Crowe was a devout Catholic, and I am told that during even the busiest period of his life he always found time to zealously discharge his religious duties.

The life of the true physician, more than that in almost any other calling, is a life of charity, and preëminently was he noted for that noble trait. Public and private charities, the humble dwelling of the poor, the dark and noisome by-ways of poverty, all knew him well, and no cry for help from such as these ever found him other than ready and willing to spend and be spent in their behalf.

The following are the graduates and honor- and prize-men:

LIST OF GRADUATES.

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| Adams, J. G., Tex. | Haswell, Ernest, Ky. | Robinson, J. M., Ky. |
| Alexander, C. M., Ky. | Hodges, R. H., Ark. | Roberts, S. A., Ind. |
| Allan, J. G., Ky. | Hall, C. T., Ind. | Ryan, W. E., Ind. |
| B'Shers, H. L., Ark. | Harper, R. W., Ky. | Ruddick, Lindley, Ind. |
| Breen, Cornelius, Ireland. | Johnson, A. H., Ind. | Smith, S. W., Ind. |
| Brown, J. M., Pa. | Kuyrkendall, L. L., Tex. | Shands, N. B., Texas. |
| Berry, J. S., Tex. | Kelleam, J. M., Ark. | Stillson, Hamilton, Ind. |
| Bennett, E. C., Ill. | King, J. R., Ky. | Stewart, A. S., Ala. |
| Benton, Percy, Ky. | Kinabrew, W. E., Miss. | Scruggs, M. F., Miss. |
| Bennett, G. W., Ark. | Kampfmuller, E., Ky. | Simpson, J. B., Ark. |
| Britt, Michael, Miss. | Lancaster, H. M., Ky. | Simpson, A. R., S. C. |
| Bradford, W. A., Tenn. | Lankford, J. S., Tex. | Simrall, H. F., jr., Miss. |
| Cottingham, Leven, Ky. | Ladd, C. W., Ind. | Sheldon, T. J., Mo. |
| Chapman, A. W., Mo. | Leger, L. J., Miss. | Selman, J. L., Ga. |
| Cox, C. H., Ky. | Leathers, C. A., Ky. | Stroud, L. M., Texas. |
| Collins, D. W., Col. | Lindsey, J. E., Texas. | Sigler, R. R., Ind. |
| Duncan, J. F., Ky. | Martin, G. W., Texas. | Strain, W. T., Texas. |
| Davis, W. H., Ind. | Morgan, A. C., Ky. | Stovall, A. J., Texas. |
| Dodson, E. F., Tenn. | Moore, R. L., Ky. | Turner, S. T., Texas. |
| Dougan, W. M., Ind. Ter. | Murphy, J. R., R. I. | Thompson, J. S., Ark. |
| Dunlavy, J. C., M.D., Ia. | Martin, H. C., Kas. | Taylor, B. J., Texas. |
| Ellis, R. H., Mo. | Neilson, J. T., Tenn. | Vaught, H. M., Ill. |
| Freed, J. R., Ind. | Owens, J. L., Ky. | Walton, J. H., Ark. |
| Florence, J. B., Tex. | O'Barr, J. T., Texas. | Wells, F. M., Ind. |
| Freed, M. A., Ind. | Oberdorfer, Nathan, Ky. | Walden, W. J., Ky. |
| Forster, W. C., Ala. | Oldham, G. P., Ky. | Wardell, Morris, Ill. |
| Giles, J. H., Miss. | Pratt, R. D., Ky. | Watlington, O. F., Tenn. |
| Grimes, J. A., Ky. | Pinner, J. H., Ky. | Woodard, F. M., Ky. |
| Graves, W. T., Ky. | Pittman, E. T., Colorado. | Whitlow, T. W., Ark. |
| Gudgell, F. P., Ky. | Quessenberry, J. L., Ky. | Wilie, A. L., Texas. |
| Hays, D. W., Ill. | Ray, J. M., Ky. | Wyatt, C. A., Ky. |
| Harrison, O. A., Miss. | Rice, M. S., Ind. | Woosley, C. B., Ky. |

CERTIFICATES OF HONOR.

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| James Morrison Ray, M.D., of Kentucky. | Stephen T. Turner, M.D., of Texas. |
| Andrew W. Chapman, M.D., of Missouri. | Hamilton Stillson, M.D., of Indiana. |
| Francis M. Wells, M.D., of Indiana. | Chas. W. Ladd, M.D., of Indiana. |
| Richard H. Ellis, M.D., of Missouri. | John S. Lankford, M.D., of Texas. |
| John T. O'Barr, M.D., of Texas. | Cornelius Breen, M.D., of Ireland. |

The Yandell gold medal, named in honor of the late Dr. L. P. Yandell, sr., was awarded, for the best class-standing, to J. M. Ray, M.D., of Kentucky. The second gold medal was awarded to A. W. Chapman, M.D., of Missouri, and the third to F. M. Wells, M.D., of Indiana.

THE UNDERGRADUATES' PRIZES.

John Q. Taylor, of Kentucky, was awarded the first prize. Travis Carroll, of Kentucky, was awarded the second prize. Dulaney L. Washburne, of Kentucky, was awarded the third prize.

The Medical College of Indiana held its graduating exercises March 1st at the Grand Opera-house. Rev. Dr. Everest delivered the opening address and conferred the degree of M.D. upon sixty-one candidates. Several prizes were awarded for proficiency, and then Dr. Parvin delivered the address of the evening, which was replete with wise counsel and encouragement for the industrious. He adopted as a basis for his remarks the words of the great master Sydenham: "For having nicely weighed whether it is better to be beneficial to men or to be praised by them, I find the first preponderates and much conduces to the tranquility of mind. But as for fame and popular applause, they are lighter than a feather or a bubble, and more vain than the shadow of a dream." The youthful graduates were told that in order to make the most of their lives and be most useful to their fellow-beings, they must first have a true conception of the true physician. A successful life in the practice of medicine is not success in making money. Any one who devotes all his energies to this alone can acquire money. "What then is the true ideal of the physician?" This true ideal the speaker thought was best expressed by Guy Patin in one of his famous letters written nearly two hundred years ago, "*Medicus est vir bonus, medendi peritus*"—the physician is a good man, skilled in healing. Dr. Parvin took occasion to say it was "*vir bonus*," and not *femina bona*, as some would add. He spoke at length of the pursuit of medical studies by women in this country and in Europe, and considered it an experiment that would meet only with partial success. He paid a glowing tribute to woman as mother, sister, wife, daughter; to the heroism of woman's patience in suffering and sorrow and in self-sacrifice; to woman, man's first and best religious teacher; to woman

who wisely rules her well-ordered home, where purity, peace, love, and sanctity dwell. After further paying the highest tribute possible to woman, he wondered "why new duties should rest upon woman or that she could ever grasp a nobler scepter." He enlarged upon the idea of *vir bonus* by illustrations in religion, philosophy, and medicine, and enjoined the class to attain the highest moral excellence and never be doubters, but believe in the dual nature of man and in a Supreme Being.

Dr. Parvin took occasion to pay his respects to the various sects in medicine and to homeopathy in particular. In regard to the New York Medical Society voting to consult with homeopaths, he said it was only adopted by a small majority of those present, and that by their rash course they had placed themselves outside of the American Medical Association, and that they would be glad to rescind their action before two years, for the great mass of the New York Medical Society were loyal to the old flag, though a few specialists hungry for homeopathic consultations may dishonor or desert. Homeopathy deserves no such concessions as the New York gentlemen wish to make. Honestly practiced, it is absurd; dishonestly, it is knavery. At best it has been a foolish fashion and is a dying faith.

Central College of Physicians and Surgeons. This institution held its third annual commencement at Indianapolis 28th ultimo. There were eight graduates, two of whom were women. After conferring the prizes Prof. A. W. Brayton, M.D., delivered an address on behalf of the faculty on "Higher Medical Education." As the college ground out a small grist this year, Dr. Brayton felt at perfect liberty to criticize the wholesale manufacture of doctors throughout the United States. This annual inundation was attributed to four causes: too many medical colleges; no gradation of courses; lack of entrance examination; and fourth and worst of all, the granting of medical degrees by faculties having a *financial* interest in the college and the *number* of graduates. The antidote recommended for this *fluxus doctorum* is for each State to have a board of examiners

separate from the colleges, and colleges whose students failed before such a board would soon be crowded out of the doctor-making business. However, the supply, he says, is as good as the people demand. The good doctors throughout the country will agree with all that Dr. Brayton says, and yet higher medical education is a thing of the future.

AN international exhibition of objects relating to public health and life-saving appliances will be held in Berlin from June to October of this year. Mr. H. W. Fabian, of New York, is special commissioner for the United States. He will furnish all necessary information on application.

DR. S. H. WEEKS has been appointed to the chair of Surgery in the Maine Medical School, made vacant by the death of Dr. William Warren Greene. Dr. Henry F. Gerrish, of Portland, has been appointed Lecturer on Anatomy, and Dr. Charles O. Hunt, of Portland, Lecturer on *Materia Medica* and *Therapeutics*.

PARKE, DAVIS & CO.—In an advertisement which will be found on the last cover-page of this issue this well-known firm asks attention to a principle in which every physician is interested. And they ask it in a very pointed way. In the personal points raised we have no interest, nor have our readers; but to the broader bearings of the questions raised we should all give heed.

VACCINATION.—Dr. E. Warlomont, director of the State Vaccinal Institution at Brussels, says:

When a child is brought back at the expiration of the first seven days, if it be revaccinated on the spot, even with its own vaccine lymph, it may be that there will be a fresh eruption, feeble for the most part, but occasionally showing all the signs of classic vaccinal pustule. What conclusion is to be drawn, if not that the first inoculation, insufficient to protect the subject against a second vaccinal impregnation, was *a fortiori* insufficient to guard it against variola? Hence the necessity of fresh insertions until the complete exhaustion

of vaccinal receptivity. This is what I term vaccination. Thus every child brought back at the end of eight days should be revaccinated on the spot, even with its own vaccine, if it be in proper condition. If this second vaccination answers well, a third should be performed; and so on, till the patient be completely vaccinated.

I have a decided conviction that if this practice were followed, if all children were vaccinated, the immunity from smallpox would be much greater than at the present time; and it is perhaps from my constantly having put it into practice that my successes have been so constant, and the results of my vaccinations so thoroughly satisfactory.

SOCIETY OF THE ALUMNI OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE.—Although the University was founded nearly fifty years ago, and its alumni number more than three thousand doctors in medicine, a Society of the Alumni was never regularly organized until February 25th. On that day a number of the graduates of the University, composed of physicians of Louisville, Jeffersonville, and New Albany, Ind., met in the College building and formed an alumni association. We trust that every graduate of the University who sees this will at once write and become a member, and when occasion offers come and meet with us. The association is organized on a sound basis, and can be made useful not only to its members, but to the profession at large. Our able cotemporary the Louisville Medical News says:

Dr. Coleman Rogers, of Louisville, was elected president, and Dr. E. P. Easley, of New Albany, Ind., secretary and treasurer.

A committee on resolutions and by-laws submitted a suitable report.

The evening preceding the Commencement exercises of the Medical Department of the University was fixed upon as the time for the regular annual meeting of the association, and the college-building was named as the place. It was also ordered that a special meeting should be held during the gathering of the Kentucky State Medical Society next April, and a committee was appointed to arrange for this meeting.

It was decided that to become an active member of the society the graduate must enroll his name or send it to the secretary for enrollment upon the books, and pay an annual fee of one dollar.

It is particularly requested of each graduate of the University that he will put himself in communication with the secretary, Dr. E. P. Easley, New Albany, Ind., sending in his name and fee, and that if possible he will attend the special meeting in April.

CONSULTATIONS WITH HOMEOPATHS.—The consultation held in the case of Lord Beaconsfield last year by Dr. Quain with a gentleman who was believed to be a homeopath has led to the question of consultations with homeopaths being discussed, and finally disposed of by resolution by the Royal College of Physicians of London. Dr. Wilks offered the following resolution:

That while the college thinks it desirable not to fetter the action of the fellows, members, and licentiates with reference to any opinions they may adopt, it nevertheless expresses its opinion that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The college therefore expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations.

Dr. Wilks then went on to say that he thought that nearly all the arguments hitherto brought against meeting homeopaths in consultation were bad. It was generally made a question of *doctrine*. He utterly repudiated any medical *doctrine* in a question of therapeutics. None was possible now, nor probably ever would be. But the theory that the whole question was one of difference of doctrine was maintained by the homeopaths, by the daily, and even by the medical press. He would of course repudiate the word "allopathy." Any body might hold any doctrine he liked. The question at issue was far different. It was not one of liberality or illiberality in opinion. The word "liberal" should not be used in relation to a scientific subject. We should endeavor to carry out, in the spirit of Harvey, the "investigation of nature" quite apart from theory or doctrine. There should be no restrictions. All should think and say what they liked. Was it not true that some fellows of the college

had started quite as extraordinary opinions as homeopaths? The real question was one of *morals*. Professions differed from trades. A professional man, whether parson, lawyer, or doctor, was one who had the care or guidance of those who sought his advice in matters of mind, body, or estate. A tradesman simply catered for the public—supplied a demand. Fashions might change; there might be high or low art; the tradesman simply gave people what they wanted; but the professional man guided them, from superior knowledge; and a good deal of this knowledge must necessarily be kept back, being the product of special study. It was to be noted that in proportion as the subject of "treatment" was by itself prominently brought before the public, so a nearer advance was made toward quackery. The charlatan had to do with treatment only. He issued his advertisements for pills, and that was all; there was nothing behind the advertisement. Homeopathy was the very quintessence of quackery, bringing, as it did, a system of treatment only before the public. It cared not for nor wanted anatomy or physiology. The homeopaths abused every body else, and brought forward wonderful cases which no one else could cure. This was the general character of homeopathic literature. It was a homeopath who was now most abusing our profession, attacking the study of physiology and traducing vivisection, and putting a musty metaphysical jargon in the place of scientific statements. The greatest authority of the day on charlatanism—Barnum, of New York—had said that it did not consist in robbing or cheating directly, but in blowing one's trumpet loudly and proclaiming one's superiority to other people. It must be clearly understood that the question is one not of doctrine, but of morals. The whole ground indeed seemed to be covered, strangely enough, in a letter written to the Times by a homeopathic practitioner a few years ago, pleading for freedom of opinion and action and the abolition of sectarianism in medicine. "No theory or practice," it was said, "ought to exclude a man from the profession, *provided he did not trade on a distinctive name*."

Dr. Andrew Clark considered that Dr. Wilks had failed to justify his resolution by his own argument. The moral question was different from that raised by Dr. Wilks, being really this: When two men, a homeopath and an allopath, met in so-called "consultation" the medicines proposed would be different, as well as the doses and the object in giving them. The consultation therefore would be false, and consequently the participation in it would be immoral.

Dr. Wilson Fox said professional men must certainly claim for themselves the right of accepting or refusing a consultation on the sole ground of the good of the patient. Dr. Wilks had laid down broad lines of conduct which were definite and clear. It was absolutely right and proper for a man to form any opinion he liked and to start any line of treatment, but not to adopt a nomenclature applicable to himself as a special inventor of any particular process. The medical public were asking for guidance in the matter. Surely it was no argument to say that because it was not possible to meet all forms of quackery no endeavor should be made to meet some.

Sir William Jenner said he believed it was known that his own opinion was very strong against meeting homeopaths. Medicine had no business with any thing else but that the best thing possible should be done for the patient. But the homeopath did hold a fixed doctrine and principle. It was not possible to consult them, for evil would result. He did not put the matter on the moral ground, as Dr. Wilks did. He had once met a homeopathic doctor in consultation, without knowing him to be such. On a second occasion he asked him whether he was a homeopath. His answer was that when it was suitable he used homeopathic treatment; at other times the ordinary treatment. Sir William Jenner declined to act with him, on the ground that at any moment during the course of the case homeopathic treatment might be deemed suitable.

Many other distinguished fellows participated in the debate, which was closed by the passage of Dr. Wilks's resolution by a unanimous vote.

We have given space to this matter for the reason that the question which it involves is one which sometimes arises on this as well as on the other side the Atlantic, and no more authoritative answer has yet been given it than that made by the Royal College of Physicians of London.

Prof. Theophilus Parvin, M.D.:

DEAR DOCTOR—In an experience of twenty-five years I have met with no case similar to the following, nor do I recollect to have read of one like it, and, still more, I can find nothing similar in any of the authorities at my command.

February 13, 1882, at 4 A.M., I was called to see Mrs. W., a primipara in labor. She is a stout, well-developed woman, aged twenty or twenty-one years, and the very picture of health, very anxious to have an heir, especially a boy. I attended her about two years ago for secondary syphilis, but for the last eighteen months she seemed to be free from all traces of any disease. The pains were sufficiently frequent and strong, but of very short duration. On digital examination I made out a vertex presentation of the first (left occipito-sacro-iliac) position, the head engaging in the superior strait, the os dilated to scarcely the size of a twenty-cent silver piece. There was no discharge, save a little mucus.

She had menstruated last time during the first days of last July, and the cervix indicated that she had two or three weeks to go to full term. The abdomen presented an unusually large development. From frequent and careful auscultation I could detect no sound of fetal heart or other sign of life, nor could I elicit any movement by applying the hands over the abdomen after having first immersed them in cold water. She informed me that the fetal movements had been painfully vigorous until the evening of the 8th inst., on which day she had done considerable sewing on a machine. Since then she had felt no motion and believed the child was dead.

At 7 A.M., ascertaining that every thing was about *in statu quo*, and thinking that I might be in error as to my unexpressed

opinion of a dead child, I gave her $\frac{1}{4}$ gr. sulph. morphia, with the direction to take a similar dose in one hour in case the pain was not relieved, and then I left her. At 10 A.M. I was recalled in haste. I found her with about the same character of pains, but she had passed a large quantity of liquor amnii, and it was still gushing away at every pain. The os was now pretty fully dilated and the head dipping down almost to the inferior strait. The abdominal bulk was now greatly reduced, and I could distinctly make out two bodies or masses in the uterus, with a well-defined *sulcus* between them, giving rise to the impression of twins. The superior strait was soon cleared, and rotation took place, bringing the occiput under the pubic arch, and at 2 P.M. the head being well engaged in the inferior strait, and the pains being yet very short in duration and not very effective, I gave her nearly a dram of fl. ext. ergot, which in twenty or twenty-five minutes greatly improved the length and power of the pains, and at 3 P.M. the head was born, but the shoulders required six or eight hard pains to effect their delivery. The cord was coiled around the neck one turn, but not tightly, and was very easily slackened.

The child was a male, well developed, and would weigh ten or eleven pounds, and presented a blackish blue, apoplectic appearance, especially the upper portion of the body and the proximal end of the cord for about one inch, the rest of the cord being very flabby. The anus was widely patent, and appeared highly congested. I severed the cord, without ligaturing, about six inches from the body, which did not bleed a drop, and then noticed that the child was in an advanced state of decomposition, the cuticle being removed and hanging in flakes from a large portion of the body and from around the posterior fontanelle, the latter having been done with the finger in diagnosing the position.

On turning my attention now to the mother I encountered a mass inclosed in the membranes, in the vagina, and partly protruding from the vulva, which on removal I first took to be a mole or blasted fetus, from its resistance and firm, fleshy feel;

but which proved to be a firm, old clot of blood, about eight ounces in amount. The placenta was removed without trouble, and presented the same gorged appearance, with evidences of incipient decomposition. The woman up to this time (18th) has had no unfavorable symptom.

This was doubtless a case of fetal apoplexy with resultant effusion of blood, death resulting from the former or latter or both. On examination of the fetus the brain and liver are found to be gorged, and blood effused on the membranes of the former and on the surface of the latter, and even into the abdominal cavity. In this case I think the blood escaped from the anus. That the labor on the sewing-machine, the hemorrhage, and the death of the child were of nearly even date, I have no doubt, and that this clot was one of the masses that I detected in the womb before parturition I have little doubt. Did the syphilitic taint have any thing to do with the trouble?

INDIANAPOLIS, IND.

JNO. E. LOCKRIDGE, M.D.

SUGAR-COATED PILLS.—Parson Gullcrammer declared that for his simple taste he preferred “sow’s face soured and sausages” to almost any other food. As a form for getting down disagreeable drugs we prefer the pilular, and that sugar-coated. For a long while, however, the idea possessed us that the sugar-coated pill grew hard in time, and hence we usually wrote on our recipes for these pills “*freshly coated*.” It happened us a short time since to find in our family medicine-chest some of Warner’s sugar-coated pills prepared in 1876 in which the mass was as soft as though the pill had been rolled but the day before, and when taken they were followed by immediate effects. No more conclusive proof of the reliability of these pills could be furnished than this.

THE KENTUCKY STATE MEDICAL SOCIETY.—The twenty-seventh annual session of this society will be held in the rooms of the Polytechnic Society in this city, beginning Wednesday, April 5th. The session promises to be one of unusual interest, and it is ex-

pected to be a *working session*. Voluntary papers are particularly solicited. Please notify the secretary if you intend furnishing a paper, and give its title. The usual arrangements for the comfort and convenience of members will be made and announced with the programme March 20th. Communications should be addressed to Dr. L. S. McMurtry, Secretary, 628 Fourth Avenue.

DEATH OF DR. ERASMUS D. FORÉE.—The death of this estimable gentleman and revered physician occurred in this city on the morning of the 26th of February. He died with angina pectoris, premonitions of which had given him well-grounded concern for many months past. He was sixty-five years old. He was one of the early alumni of the University of Louisville. After graduating he began the practice of his profession at Newcastle, Kentucky. Nineteen years ago he removed to Louisville, where he at once acquired a large business among the best classes of the community. He leaves a wife and several children. He filled the chair Emeritus of Diseases of Women in the Hospital Medical School.

At a meeting of the physicians of the city the profoundest sorrow was manifested. It was felt that a thoroughly good man had passed away. Want of space obliges us to omit the resolutions passed and confine ourselves to reproducing the remarks made by Dr. D. W. Yandell, they having been unanimously adopted as the sense of the profession. Dr. Yandell said:

Mr. Chairman: Last Saturday morning meeting Dr. Forée, he asked me if I had finished the address on the Life and Character of the late Dr. Cowling, which I am to deliver now in a few hours. On being answered that I had, he appointed Sunday evening as the time when he would come to my house to hear it read. He loved Dr. Cowling, and wished to hear what I said of him.

Sunday morning I awoke to the news of the sudden death the night before of Dr. Forée.

Ordinarily the task of speaking in public of a dear friend whom death has newly taken is one of exceeding difficulty, for those who did not know him are apt to regard the praise given as excessive, while those who knew and saw the individual in ways and with eyes other

than your own may think you unappreciative. The first of these difficulties at least can not arise in the present instance, for the public knew him whom we are gathered here to speak of as it knew no other physician; for no one in this community crossed so many thresholds, was admitted into the privacy of so many families, or had so large a personal following as Dr. Forée.

Brethren, do you not realize that the foremost man in our guild, the first citizen of Louisville, passed away when Dr. Forée died? Whatever capacity any one of us who is left may have, there is not one of us who was so useful or did so much good as he. Hence none of us, when we follow him "from sunshine to the sunless land," shall be so much missed, shall leave so large a void. No funeral cortege which ever pursued its solemn march through these streets represented a more widespread, a more general, or a more poignant grief than that which will go to the grave with his remains.

He was truly the beloved physician. As such the public knew and revered him, and as such it mourns him. But to us, who knew him, if not better, I may be permitted to say, knew him in other and even more intimate ways—who fought side by side with him in the unequal contest in which we are all engaged—the loss can not be expressed. Who shall wear the armor which fell from his great shoulders, or wield that Excalibar with which he smote disease and staid the advance of death?

Dr. Forée was preëminently the counsellor of the profession. His wisdom was sought alike by old and young. "He spake no slander, nor listened to it," for there had grown up in him that infinite tolerance born alone of deep insight and comprehensive view; and while with every year he grew more thoughtful and more tender, long ago his sympathies had freshened and quickened into a supreme principle of action, which governed, as it also irradiated all his life.

But it was in his intercourse with the sick that Dr. Forée exhibited his best and highest qualities. He was prompt. He was punctual. He was patient. He was experienced. He was skilled. He was learned. He was wise. He wore the serious cheerfulness of Sophocles, who, it is said, having mastered the problem of human life, knew its gravity, and was therefore serious, but who, knowing that he comprehended it, was therefore cheerful. He literally carried his patients in his head and nourished them in his heart. He gave them not only his first and his best, but he gave them his every thought. He never forgot them, nor wearied of listening to their complaints, nor relaxed in his efforts to assuage their pains or drive away their diseases. He fulfilled all the requirements of the law. He cured—

where cure was possible—quickly, safely, pleasantly; and where death was inevitable he gave a sympathy which was so genuine, so tender, and so sweet that it fell as a balm on the hearts of the stricken survivors.

Dr. Forée was not a portrait; he was representative of the Physician. He has gone "From wars of sense
To peace eternal, where the silence lives."

He now stands in the light of that awful sublimity whose radiance was so often disclosed to him through the crevices of death. And no purer than he, or none with a record of more battles won, or more good done in the days allotted him or with the opportunities given him, ever stood there.

OUR NATIONAL MEDICAL MUSEUM AND LIBRARY AND THEIR DANGER.—We copy with pleasure the following from our able cotemporary *The Medical News*, and beg especially to commend the concluding paragraph to our readers:

The Surgeon-general of the Army has sent to Congress, through the Secretary of War, a special estimate for \$300,000 for the purchase of a site in Washington, and the erection thereon of a fire-proof building, to contain the records, library, and museum of his department. This estimate is accompanied by plans of the building proposed, which is recommended to be of brick, and to be a plain, substantial, thoroughly fire-proof building. The estimate and plans are now before the Committees on Public Buildings and Grounds in the House and Senate respectively, and it is highly desirable that these committees shall be informed of the opinions of those competent to judge as to the value of these collections and the necessity for a new building in which to store and arrange them so as to secure their preservation and greatest utility.

As to the value of the collections there can not be a shadow of doubt. They are of national importance, and their value to medical writers and teachers, to those interested in sanitary matters, to medico-legal experts, and to scientific men of all branches can not be estimated in money.

The library is the largest and in every way the most valuable of any collection of its kind in the world. The museum contains twenty-two thousand specimens, and is unique in the completeness with which it illustrates military surgery and the diseases of armies.

The records consist of over sixteen thousand bound volumes of

manuscript hospital records, with a large mass of papers, including the medical records of our late war. The propriety of a reasonable expenditure on the part of the Government to secure the permanent preservation of these treasures, and to make them accessible to those who wish to consult them, surely requires no argument. And although the medical profession is especially interested in this matter, every man who is interested in the progress of medicine and the skill of physicians (and who is not?) should be equally interested.

These records, books, and specimens are now contained in a building which is not fire-proof, which is unsafe as to its mere stability, which is insufficient not only for their proper arrangement, but even for satisfactory storage. It is surrounded by houses and sheds which are very inflammable and which are in immediate contact with its wings. The danger from fire is really a very serious and urgent one.

The accommodations for the officers and clerks are so limited as to cause serious inconvenience, and it needs but half an hour's inspection to convince any one that relief should be given as soon as possible.

We strongly advise those of our readers who have the personal acquaintance of any of the gentlemen who are members of the Committees on Public Buildings and Grounds, both for the House and the Senate, to write to them at once and tell them what is thought about this matter. More than this, we advise those who know any senator or member of Congress to take an early occasion to express their views on this subject and urge that the necessary legislation be passed to permit of the commencement of work during the coming summer. In this matter delays are dangerous.

DEATH OF SIR ROBERT CHRISTISON.—Few English physicians were better known in America than Dr. Christison. His work on poisons has been an accepted authority for half a century. His health had been failing for two years, but until a few weeks before his death "his mental faculties remained entire and alert." "The Scotsman" newspaper gives the following appreciative sketch of his character:

Sir Robert Christison was our *ultimus Romanorum*, for he had in him much of the best of the old Roman, the last of the great race. His companions at starting—the Gregorys, Alison, and Syme, etc.—all gone before him. He was, as to will and ability, a primary man; not that he was what is commonly called a man of genius; rather he was a man of a quite unusual quantity and quality of talent; that is, power

of applying his faculties to given objects. Mr. Syme had talent and genius too; but Christison had what might be called a genius for exact and strenuous work, for general energizing of body and mind. He had a knack of getting things at first hand. His knowledge was immediate more than mediate. He was emphatically an Edinburgh man, all his lifelong going in and out before us, seen and read of all men. No man ever thought there was in him what was not there, though many might not find all that was there, for his heart was not worn on his sleeve; and in some of the deeper parts of his nature he perhaps did himself injustice, from his recoil from the opposite excess. We were all proud of the noble old man (old only in years), with his erect head, his rapid step, his air of command.

Of his inner character, as already said, he made no show; but it might be divined by the discerning mind, for he was too proud and too sincere to conceal any thing.

He retained to the last his love of nature and his pursuit of her glories and beauties.

May we, his citizens, be the better of thinking of that honorable, full, and well-spent life—manly, gentlemanly, upright, true to old friends and faiths. *Non cum corpore extinguntur magnæ animæ, placide quiescas!*

SMALLPOX.—We suppose there are few adult persons in America outside that supernumerary organization yclept the National Board of Health who have not known for the past four months of the existence of smallpox in almost every portion of the country. We are now, after the pest has come and gone in many places, favored by the National Board of Health with the declaration that the disease is epidemic, and an inspection of quarantine-stations ordered. Is that red tape, or what?

REVIEWS.—This department of the journal has unavoidably been crowded out of the present issue.